



U.S. Department of Transportation

National Highway Traffic Safety Administration

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU 79

CASE NO. 078A

TYPE OF ACCIDENT Car Broadside car

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.) V1 was N/B on a 2 lane roadway executing a left turn to head W/B on a 7 lane intersecting roadway. V2 was E/B in the #1 (fast) lane of the intersecting road approaching V1. As both vehicles entered the intersection the front of V2 struck the left side of V1. The impact caused V1 to rotate counter-clockwise and come to rest facing W/B in the #2 lane of the 7 lane road. V2 continued E/B after the impact leaving pre & post impact locked wheel skids to its point of rest in the same lane it was travelling in just east of the intersection. Both vehicles were towed due to damage. Both occupants of V2 were taken for medical care. The driver & sole occupant was fatally injured. NOTE: The driver of V1 was restrained only by the automatic non-motorized shoulder belt and was not wearing the manual lap restraint at the time of impact.

		B. VEHIC	LE PROFILE	S)	
Vehicle	Class		Most Seve	re Damage	
No.	of Vehicle	Year/Make/Model	Damage Plane	Severity Description	Component Failure
01	Compact	'92 Nissan Stanza	L Side	Severe	None
02	Largest _.	'89 Chevrolet Caprice 4 Dr.	Front	Unknown	Unknown

	C. PERSON PROFILE(S)									
Vehicle	Person	Seat	Restraint		Most Severe Injury					
No.	Role	Position	Use	Lesion AIS		Injury Source				
01	Driver	L Front	Auto Shoulder Belt	Neck	Fracture	2	Shoulder Belt			
02	Driver	L Front	Lap & Shoulder	Neck	Strain	1	Unknown			
02	Pass.	R Front	Lap & Shoulder	L Wrist	Abrasion	1	Unknown			

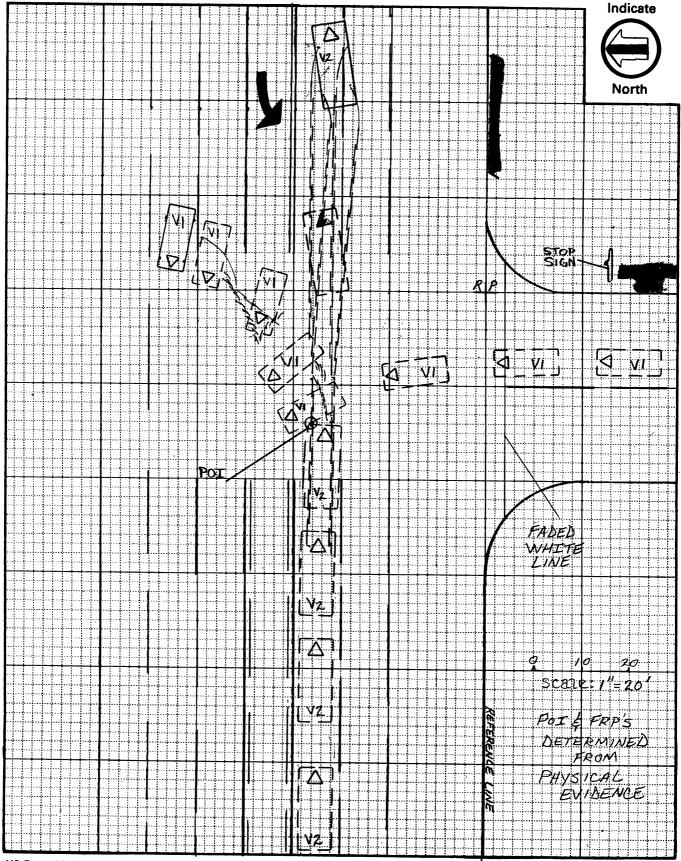


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ACCIDENT COLLISION DIAGRAM

PSU No. . Case Number-Stratum 0 7 8 A

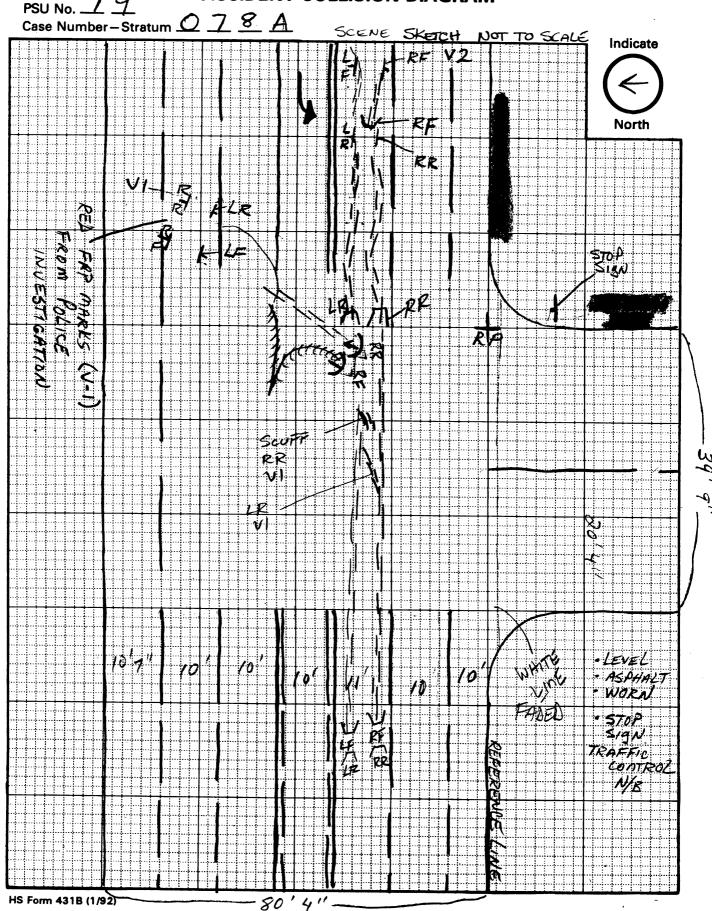


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ACCIDENT COLLISION DIAGRAM





ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety Administration

Primary Sampling Unit Number 7 9

Case Number-Stratum 0 7 8 A

ACCIDENT COLLISION DIAGRAM

LEVEL I PHYSICAL EVIDENCE ABSENT

To be accomplished when there is no physical evidence present at the scene:

- approximate vehicle orientation at impact and final rest
- applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.)
- applicable traffic controls (e.g., speed limit)
- * north arrow placed on diagram
- * sketch required

LEVEL II PHYSICAL EVIDENCE PRESENT

In addition to the level I tasks noted above, the following must be accomplished when

LEVEL II (Cont'd) physical evidence is present:

- document reference point and reference line relative to physical features present at the scene
- scale documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

VEH. #1 VEH. #2 VEH. #3

Heading Angle 340° 100° N/A

Surface Type ASPHALT

Surface Condition

Grade (v/h)
Measurement
(between impact

(between impact and final rest)

Grade (v/h)
Measurement
(at location of rollover initiation)

N/A

Reference Point: /NTERESECTE/CURB	Reference line: S/CUK	B SHERMAN WAY
LENNOX WITH S/CURB SHERMANWY	Note VERY Bus	SY INTERSECTION
Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP	0	0
BEGIN RF CENTRIPITALVI	6'3" W	44'2" N
BEGIN LF V	6'3" W	44'2" N
RF CENTRIPITAL ROTATION V	10'3" W	38'2"N
END RF CENTRIPITAL VI	2'1" E	54 6" N
END LF VI	3' o" E	54'6" N
VILF FRP	5'2" E	631"N
VI RF FRP	6'8"E	68'6" N
VILR FRP	14 '3 E	61'1"N
VI RR FRP	15'3 E	66'8"N
VA LR FRP	42'0"E	34'4" N
VA RR FRP	43 0" E	28' 3" N
Va LF FRP	51' 9" E	35 '6" N
HS Form 431A (1/92) VA RF FRP	52'0" E	29'8" N

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
BEGINLR V2	33 '6" E	33' 1" N
END LR V2	42' 0" E	34'4" N
BEGIN RF V2	46'6" E	29'0"N
END RF 112	52'0" E	2918"N
BEGIN RR UI	1'0" E	52'6"N
END RR U!	11'0''E	60'0"N
BEGIN 4 WHEEL LOCK SKIDS LSIDE V2	54 '3" W	37' 2" N
" " R SIDE V2	55'0" W	32 ' 1" N
LF/LR ROTATION V2	18 16" W	36'6"N
RF/RR ROTATION V2	18'0" W	32'0" N
RR VI SCUFF	17'2" W	35 'o" N
BEGIN LR @ IMPACT	27'0" W	33'2" N
LR TRAIL OFF/END	18'0" W	36'3" N
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ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

AGIIMINO (IG GOI)		CRASHWORTHINESS DATA STREET
Primary Sampling Unit Number	79	SPECIAL STUDIES - INDICATORS
2. Case Number - Stratum	078A	Check (1) each special study (SS12-SS16 below) that has been completed; code 1 for the checked
		special studies and 0 for the special studies not

IDENTIFICATION

0 2

4. Date of Accident (Month, Day, Year)

9 2

5. Time of Accident

1955

Code reported military time of accident.

NOTE: Midnight = 2400 Unknown = 9999 6. ___SS12 Not Active

0

7. ___SS13 Not Active

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8. ___SS14 Fatal AOPS

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9. SS15

0

10. ___SS16 ____

checked.

0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident

01

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>0 /</u>	14. <u>0</u> <u>2</u>	15. <u>L</u>	16. <u>0</u> <u>2</u>	17. <u>0</u> <u>5</u>	18. <u>F</u>
19. 0 2	20	21	22	23	24	25
26. <u>0</u> <u>3</u>	27	28	29	30	31	32
33. <u>0 4</u>	34	35	36	37	38	39
40. 0 5	41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 104 inches)
- (03) Intermediate (wheelbase = 105 109 inches)
- (04) Full size (wheelbase = 110 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

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79-078 VI Page	
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ongitudinal axis) Iy	
turns (specify):	
, primarily	
unknown	
HIS VEHICLE)	l
Vehicle)	
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specify):	
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Trational Accident Sampling System-Crashworthiness D	ata System: General Vehicle Form
OCCUPANT RELATED	24. Rollover
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	(0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more	(3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):
(99) Unknown 18. Number of Occupant Forms Submitted	(5) Holloverend-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
	OVERRIDE/UNDERRIDE (THIS VEHICLE)
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight <u>O 2,8</u> 0 (
100 pounds. (010) Less than 1050 pounds	26. Rear Override/Underride (this Vehicle)
(135) 13,500 pounds or more (999) Unknown	(0) No override/underride, or not an end-to-end impact
Source:	Override (see specific CDC) (1) 1st CDC (2) 2nd CDC
20. Vehicle Cargo Weight	1 12: 2
100 pounds. (00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown	Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	(7) Medium/heavy truck or bus override (9) Unknown
	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
23. Post Collision Condition of Tree or Pole (For Highest Delta V)	27. Heading Angle For This Vehicle 3 4 0
(0) Not collision (for highest delta V) with tree or pole(1) Not damaged(2) Cracked/sheared	28. Heading Angle For Other Vehicle 700
(3) Tilted <45 degrees (4) Tilted ≥45 degrees	NASS Cong Chg
(5) Uprooted tree (6) Separated pole from base	1st Rev 3 E 2nd Rev 3
(7) Pole replaced (8) Other (specify):	
(9) Unknown	

Cate- gory	Configur- ation	ACCIDENT TYPES (Includes Inte	int)	
	A. Right Roadside Departure	DRIVE OFF CONTROL/ AVOID COLI	O4 LISION SPEC	05 CIFICS SPECIFICS ER UNKNOWN
1. Single Driver	B. Left Roadside Departure	DRIVE OFF CONTROL/ TRACTION LOSS WITH VEH	LISION SPEC	10 CIFICS SPECIFICS ER UNKNOWN
_	C. Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ END ANIMAL DEP/	14 15 SPEC	16 CIFICS SPECIFICS ER UNKNOWN
Trafficway Direction	D Rear-End	20 22 24 26 28 27 25 28 27 DECEL. 29, 30, 31	30 (EAC 31 SPEC OTHE	
II. Same Traff Same Direc	E Forward Impact	34 35 36 37 38 39 CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH.	40 41 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS SPECIFICS OTHER UNKNOWN
	Sideswipe Angle	44 45 45 (EACH SPECIFIC OTHER		(EACH • 49) SPECIFICS UNKNOWN
ay Stion	G Head-On	50 51 (EACH • 52) (EACH • 52) SPECIFICS	1 • 53) FICS UNKNOWN	
Same Trafficway Opposite Direction	H Forward Impact	CONTROL/ TRACTION LOSS 55 56 57 58 59 AVOID COLLISION WITH VEH.	AVOID COLLISION	(EACH • 62)(EACH • 63) SPECIFICS SPECIFICS OTHER UNKNOWN
E .	I. Sideswipe/ Angle		H • 67) FICS UNKNOWN	
Change Trafficway Vehicle Turning	J. Turn Across Path	68 INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS		EACH • 74) (EACH • 75) PECIFICS SPECIFICS OTHER UNKNOWN
IV. Change Vehicle	K. Turn Into Path	77 79 81 TURN INTO SAME DIRECTION TURN INTO OPPOSITE	83 82	EACH • 84) (EACH • 85) PECIFICS SPECIFICS
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths		H • 90) (E	EACH • 91) PECIFICS UNKNOWN
VI. Miscel- laneous	M. Backing Etc.	BACKING 99 U	ther Accident Typ nknown Accident o Impact	oe : Type

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OTHER DATA	20
56. Driver's Zip Code	61. Rollover Initiation Object Contacted <u>OO</u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territories 91405 Code actual 5-digit zip code (99999) Unknown 57. Driver's Race/Ethnic Origin	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane
(0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander	 (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(8) Other (specify):	63. Direction of Initial Roll
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	 (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(7) Hearse	PRECRASH DATA
(8) Fire truck or car (9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
ROLLOVER DATA	
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	 (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle
59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type	(06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation	(98) No driver present (99) Unknown
 (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown 	

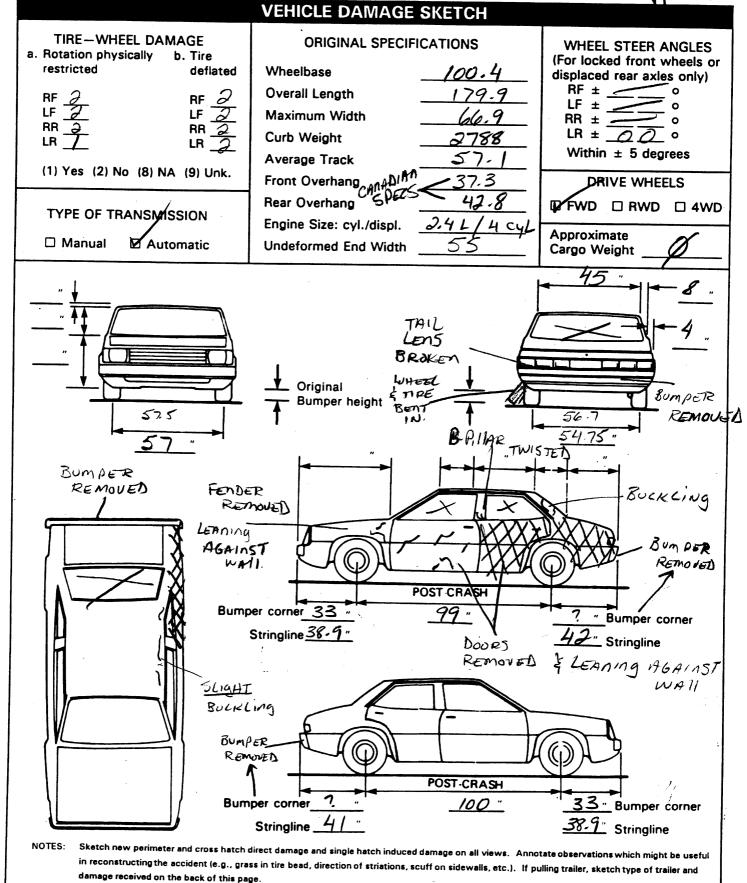
CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 4 inches in diameter)	(68) Other fixed object (specify):
(42) Tree (> 4 inches in diameter)	
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	
	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
•••••	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 4 inches in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)	(88) Other nonfixed object (specify):
(52) Pole or post (> 12 inches in diameter) (53) Pole or post (diameter unknown)	(89) Unknown nonfixed object
	(98) Other event (specify):
(54) Concrete traffic barrier	that the same topoon y,
(55) Impact attenuator	(99) Unknown event or object
(56) Other traffic barrier (includes guardrail) (specify):	tee, emme on event et esjeet



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	y Sampling Unit Nu Number - Stratum	mber	787	2 3.	Vehicle	e Numbe	er			_0	1_/
			VEHICLE	DENTI	FICAT	ION					
				43.4	MAN						
VIN J	NIFU	<u> 2 1 F</u>	2N	T	11. 11. 1	ng laginggades. Si sada dang	Con about made		Model Y	ear <u>7</u>	2
Vehicle Ma	ake (specify):	NISS	AN		Vehicle	Model (s	specify):		TAN	12 A)
			L	CATO	R						
	end of the damage		t to the veh	nicle lon	gitudina	center	line or b	umper (corner fo	or end in	npacts
	mpact No.		of Direct Da	amage			, Lo	ocation	of Field	L	
01	1	SIDE)				1	51	15		
-, <i>'</i>											
				SH PRO							
	dentify the plane at sill, etc.) and label a				e taken	(e.g., at	bumpe	r, above	bumpe	r, at sill	, above
			_								
ŗ	Measure and docum	ent on the v	ehicle diagi	am the	location	or max	imum c	rusn.			
	Measure C1 to C6 fr mpacts.	om driver to	o passenger	side in	front or	rear im	pacts ar	nd rear t	o front	in side	
	-										
t	Free space value is on the individual C locate	tions. This	may include	e the fol	lowing:	bumper	lead, b	umper t	oody co aper, sid	ntour ta de protri	ken at usion,
S	side taper, etc. Rec	ord the valu	e for each (C-measu	irement	and ma	ximum (crush.			
ι	Jse as many lines/co	olumns as n	ecessary to	describ	e each	damage	profile.				
Specific	Plane of Impact		amage	Field			_	C ₄	C _E	Ca	l _{±D}
Impact Number	C-Measurements	Width (CDC)	Max Crush	L	C,	C ₂	C ₃	C ₄	C	Ce	ŦŪ
61	NONE		AKE	2/	1	DE		77)	,		
		OBW	21/n	1		<u> </u>	A)	205			
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Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

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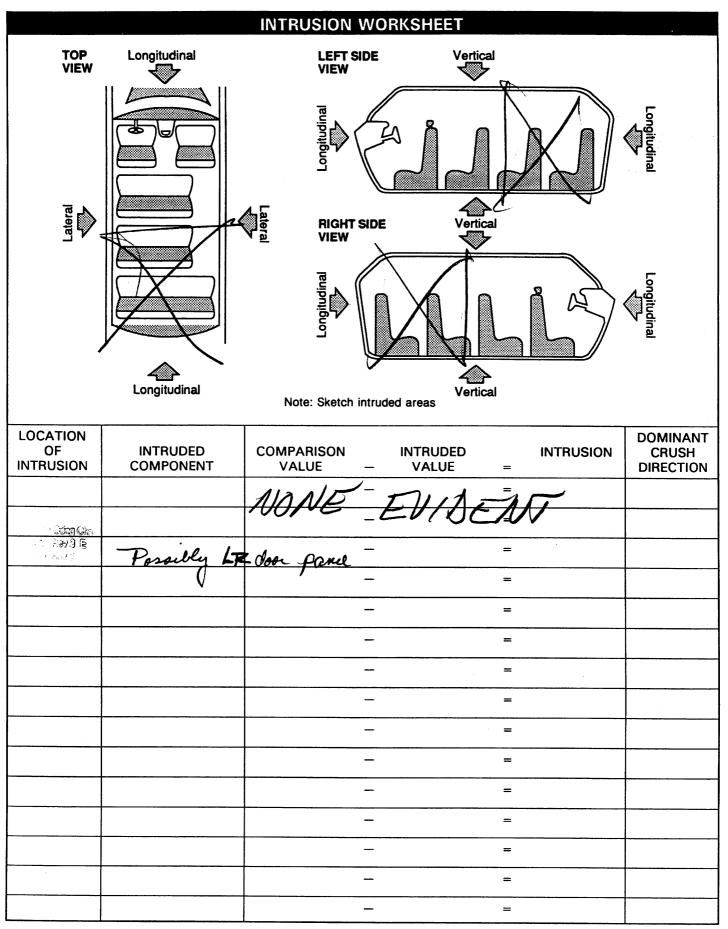
CDC WORKSHEET CODES FOR OBJECT CONTACTED (01-30) — Vehicle Number (57) Fence (58) Wall Noncollision (59) Building (31) Overturn - rollover (60) Ditch or culvert (32) Fire or explosion (61) Ground (33) Jackknife (62) Fire hydrant (34) Other intraunit damage (specify): (63) Curb (64) Bridge (35) Noncollision injury (68) Other fixed object (specify): (38) Other noncollision (specify): (69) Unknown fixed object (39) Noncollision — details unknown Collision with Nonfixed Object Collision With Fixed Object (71) Motor vehicle not in-transport (41) Tree (≤ 4 inches in diameter) (72) Pedestrian (42) Tree (> 4 inches in diameter) (73) Cyclist or cycle (43) Shrubbery or bush (74) Other nonmotorist or conveyance (44) Embankment (75) Vehicle occupant (45) Breakaway pole or post (any diameter) (76) Animal (77)Train Nonbreakaway Pole or Post (78) Trailer, disconnected in transport (88) Other nonfixed object (specify): (50) Pole or post (≤ 4 inches in diameter) (51) Pole or post (> 4 inches but ≤ 12 inches in diameter) (89) Unknown nonfixed object (52) Pole or post (> 12 inches in diameter) (53) Pole or post (diameter unknown) (98) Other event (specify): (54) Concrete traffic barrier (99) Unknown event or object (55) Impact attenuator (56) Other traffic barrier (includes guardrail) (specify): **DEFORMATION CLASSIFICATION BY EVENT NUMBER** Accident (1)(2)Specific Specific (6) **Event** Direction Incremental (3) Longitudinal Vertical or Type of (7)Sequence Object of Force Value of Deformation or Lateral Lateral Damage Deformation Number Contacted (degrees) Shift Location Location Location Distribution Extent

National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

79	GLAZING
1. Primary Sampling Unit Number	Glazing Damage from Impact Forces
2. Case Number - Stratum 0784	15. WS 2 16. LF 2 17. RF 1 18. LR 6 19. RR
3. Vehicle Number	l
INTEGRITY	20. BL <u>6</u> 21. Roof <u>8</u> 22. Other <u>6</u>
INTEGRITY	(O) No glazing damage from impact forces
4. Passenger Compartment Integrity (00) No integrity loss	 (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces
Yes, Integrity Was Lost Through (01) Windshield (02) Door (side) (03) Door/hatch (back door) (04) Roof	 (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if damaged
(05) Roof glass	
(06) Side window	
(07) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof and roof glass	
(09) Windshield and door (side)	23. WS <u>2</u> 24. LF <u>2</u> 25. RF <u>2</u> 26. LR <u>2</u> 27. RR <u>2</u>
(10) Windshield and roof	
(11) Side and rear window (side window and backlight) (12) Windshield and side window	28. BL <u>29. Roof</u> 20. Other <u>2</u>
(13) Door and side window	(0) No occupant contact to glazing or no glazing
(98) Other combination of above (specify):	(1) Glazing contacted by occupant but no glazing damage
(bu) Cities combination of above (specify).	(2) Glazing in place and cracked by occupant contact
(99) Unknown	(3) Glazing in place and holed by occupant contact
(33) Olikhowii	(4) Glazing out-of-place (cracked or not) by occupant
_	contact and not holed by occupant contact
? 1 m 3 ? 1 m 3 ?	(5) Glazing out-of-place by occupant contact and holed by
• • • •	occupant contact
Door, Tailgate or Hatch Opening	(6) Glazing disintegrated by occupant contact
$\alpha = \alpha - 1$	(9) Unknown if contacted by occupant
5. LF <u>9</u> 6. RF <u>1</u> 7. LR <u>9</u> 8. RR <u>1</u> 9. TG/H <u>0</u>	(5) Olikilowith Contacted by Occupant
	If No Glazing Damage And No Occupant Contact or No
(0) No door/gate/hatch	Glazing, Then Code IV31 Through IV46 As Ø
(1) Door/gate/hatch remained closed and operational	
(2) Door/gate/hatch came open during collision	
(3) Door/gate/hatch jammed shut	Type of Window/Windshield Glazing
(8) Other (specify):	
(9) Unknown	31. WS <u>0</u> 32. LF <u>0</u> 33. RF <u>0</u> 34. LR <u>2</u> 35. RR <u>0</u>
, c., c., c., c., c., c., c., c., c., c.	36. BL 2 37. Roof 438. Other 2
	(O) No glazing contact and no damage, or no glazing
Damage/Failure Associated with Door, Tailgate or Hatch	(1) AS-1 — Laminated
Opening in Collision. If IV05-IV09 \neq 2, Then code \emptyset	(2) AS-2 — Tempered
	(3) AS-3 — Tempered-tinted
10. LF 11. RF 0 12. LR 13. RR 14. TG/H	(4) AS-14 — Glass/Plastic
τ_0 — τ_0 — τ_0	(8) Other (specify):
(0) No door/gate/hatch or door not opened	
A Royd E	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision ೆ ನಿಎಸ್ಟ್	
(1) Door operational (no damage)	Window Broarash Clasina Chatus
(2) Latch/striker failure due to damage	Window Precrash Glazing Status
(3) Hinge failure due to damage	39. WS <u>0</u> 40. LF <u>0</u> 41. RF <u>0</u> 42. LR 2 43. RR <u>0</u>
(4) Door structure failure due to damage	
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage	44. BL 45. Roof 46. Other
(6) Latch/striker and hinge failure due to damage	
<u> </u>	(0) No glazing contact and no damage, or no glazing
(8) Other failure (specify):	(1) Fixed
(9) Unknown	(2) Closed
(9) Unknown	(3) Partially opened
	(4) Fully opened



OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

Note	it no intrusion	s, leave varia	Dies IV47-IV	ou blatik.
	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47	48	49	50
2nd	51	52	53	54
3rd	55	56	57	58
4th	59	60	61	62
5th	63	64	65	66
6th	67	68	69	70
7th	71	72	73	74
8th	75	76	77	78
9th	79		81	82
10th	83	84	85	86
I				

LOCATION OF INTRUSION

Front S	eat
(11)	Left
(12)	Middle

(41) Left

Fourth Seat

(42) Middle

(13) Right

(43) Right

Second Seat (21) Left

(97) Catastrophic

(22) Middle (23) Right

(98) Other enclosed area (specify)

(99) Unknown

Third Seat (31) Left

(32) Middle (33) Right

INTRUDING COMPONENT

Interior Components

(01) Steering assembly

(02) Instrument panel left

(03) Instrument panel center

(04) Instrument panel right

(05) Toe pan

(06) A-pillar

(07) B-pillar

(08) C-pillar

(09) D-pillar

(10) Door panel (side)

(12) Roof (or convertible top)

(13) Roof side rail

(14) Windshield

(15) Windshield header

(16) Window frame

(17) Floor pan (includes sill)

(18) Backlight header

(19) Front seat back

(20) Second seat back

(21) Third seat back

(22) Fourth seat back

(23) Fifth seat back

(24) Seat cushion

(25) Back door/panel (e.g., tailgate)

(26) Other interior component (specify):

(27) Side panel - forward of the A-pillar

(28) Side panel - rear of the A-pillar

Exterior Components

(30) Hood

(31) Outside surface of this vehicle (specify):

(32) Other exterior object in the environment (specify):

(33) Unknown exterior object

(97) Catastrophic

(98) Intrusion of unlisted component(s)

(specify):

(99) Unknown

MAGNITUDE OF INTRUSION

(1) \geq 1 inch but < 3 inches

(2) \geq 3 inches but < 6 inches

 $(3) \ge 6$ inches but < 12 inches

 $(4) \ge 12$ inches but < 18 inches

 $(5) \ge 18$ inches but < 24 inches

 $(6) \ge 24$ inches

(7) Catastrophic

(9) Unknown

DOMINANT CRUSH DIRECTION

(1) Vertical

(2) Longitudinal

(3) Lateral

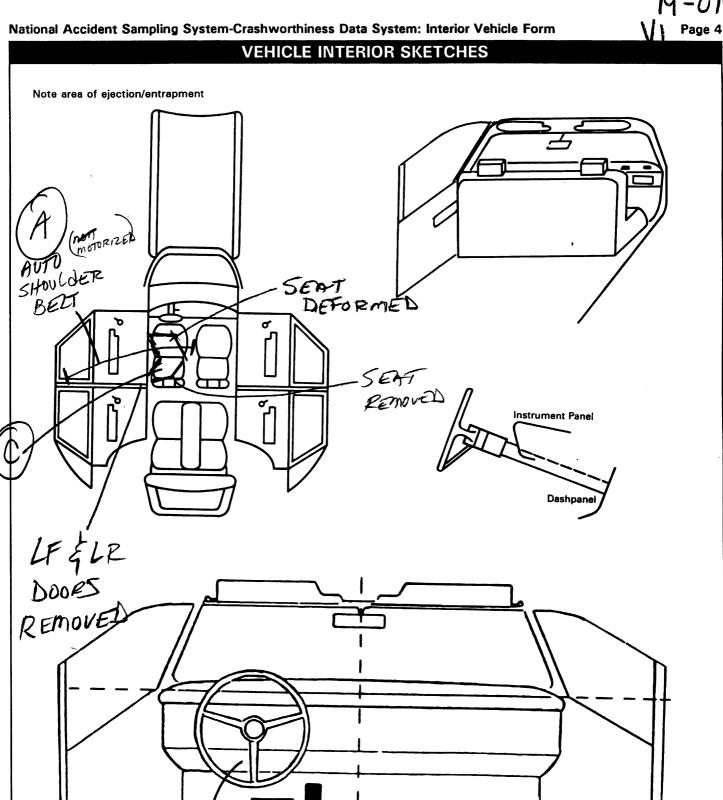
(7) Catastrophic

(9) Unknown

STI	EERING	RIM/SPOKE DEFORI	MATION	
COMPARISON VALUE	. —	DAMAGE VALUE	=	DEFORMATION
			=	
	_		=	
	_		=	
			=	

·--- L

STEERING COLUMN		92. Steering Rim/Spoke Deformation
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify):	2	Code actual measured deformation to the nearest inch. (0) No steering rim deformation (1-5) Actual measured value (6) 6 inches or more (8) Observed deformation cannot be measured (9) Unknown
(9) Unknown	,	93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	xx	Ouarter Sections (01) Section A (02) Section B (03) Section C (04) Section D
89. Blank (This variable is left blank	<u>x x x</u>	Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
so that numbering consistency can be maintained with the 1988-91 CDS.		(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown INSTRUMENT PANEL
	!	
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	<u> </u>	94. Odometer Reading **Po 2**miles**—Code mileage to the nearest 1,000 miles (000) No odometer (001) Less than 1,500 miles (300) 299,500 miles or more (999) Unknown
91. Blank (This variable is left blank so that numbering consistency can be maintained with the	<u>x x x</u>	Source:
1988-91 CDS.		95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
		96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
		97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

79-078A

(3) Possible

(9) Unknown

			POII	ITS (OF OC	CUPANT CONTA	CT		
					Body				Confidence
		Interior Component	Occupant No. If	"	egion If				Level of Contact
Cont	act	Contacted	Known	K	nown	Supporting Ph	ysical E	vidence	Point
Α		41	1	NE	K	SKIN TRAN	SFEX	2/BLOOD	/
В		09	1	K	VEE	SCUFF		l	2
С		40	1	13	ACK	BENT/TWI	STE.	Δ	7
D		•				,			
Е									
F									
G									
Н									
1									
J									:
K								· · · · · · · · · · · · · · · · · · ·	
L									
М									
N			1	1					
			C		COD INT	TRIOR COMPONENTS			
			C	JDE2	FOR IN I	ERIOR COMPONENTS			
FRONT	Windsl	hiold		(26)		window glass including	(48)	Child safety seat (s	pecify):
	Mirror	illeid				ore of the following: ndow sill, A pillar,	(49)	Other interior object	t (specify):
	Sunvis				B pillar, o	r roof side rail.	• • • •		
		ng wheel rim ng wheel hub/spo	nka	(27)	Other left	side object (specify):	ROOF		
		ng wheel (combi		(28)	Left side	window sill		Front header	
	of code	es 04 and 05)						Rear header	
(07)		ng column, trans		RIGHT			• -•	Roof left side rail	
(08)		or lever, other at n equipment (e.g		(30)	-	interior surface, hardware or armrests		Roof right side rail Roof or convertible	ton
(00)		air conditioner)	j., CD, tape	(31)	_	hardware or armrest	(04)	NOOL OF CONVENTIBLE	Юр
(09)	Left in	strument panel a	and below		Right A p		FLOOR		
		instrument pane			Right B pi			Floor (including toe	•
	_	nstrument panel compartment do		(34)	Other righ	t pillar (specify):	(67)	Floor or console me transmission lever,	
t	Knee b	•	01	(35)	Right side	window glass or frame		console	including
(14)	Windsl	hield including o	ne or more			window glass including	(58)	Parking brake hand	lle
		following: front				ore of the following:	(59)	Foot controls include	ding parking
	•	instrument panel g assembly (driv				ndow sill, A pillar,		brake	
(15)		ig assembly (driv hield including o	•	(37)	•	r roof side rail. It side object (specify):	REAR		
(,		following: front		(0)	e thoi ngi	ic oldo object (opeony).	(60)	Backlight (rear win	dow)
	pillar, i	instrument panel	, or mirror	(38)	Right side	window sill	(61)	Backlight storage r	ack, door, etc.
(16)	•	nger side only) front object (one	aifu).	NTEDI	. .		(62)	Other rear object (s	specify):
(10)	Other	front object (spe	ciry).	NTERIO (40)	Seat, bac	k support			
						aint webbing/buckle			
LEFT S	IDE			(42)	Belt restra	aint B-pillar			
(20)		de interior surfac	•		attachme	•			
(21)		ing hardware or de hardware or a		(43)	Other res	traint system component	1	CONFIDENCE LEV	
	Left A			(44)		raint system		CONTACT POI	14 1
	Left B	*			Air bag	- •		(1) Certain	
(24)	Other I	left piller (specify	v):	(46)	Other occ	unants (specify):	- 1	(2) Probable	

(47) Interior loose objects

(25) Left side window glass or frame

		AUTOMATIC RESTRAINTS					
NOTE		plicable front seat position. The attribution of the control of th					
	AIR BAG\$						
F		Left /	Right				
I R	Availability/Function	/					
S	Deployment						
•	Failure						
(0) (1) <i>Non</i> (2) (3)	System Availability/Function Not equipped/not available Air bag -functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not excipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	Did Air Bag System Fail? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown				
		Left	Right				
	Availability/Function	1	1				
F	Use	+	/				
R	Туре	2-4	2-				
S	Proper Use	1	1				
•	Failure Modes	1	/				
Availab (O) (1) (2) (3) (4) (9) Autom (O) (1) (2) Autom (O) (1) (2)	ntic (Passive) Belt System fility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown -functional Automatic belts destroyed or rendered inoperative Unknown atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown atic (Passive) Belt System Type Not equipped/not available Non-motorized system Motorized system Unknown	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown				

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

	page.			<u>-</u>
		Left	Center	Right
F	Availability	3	0	3
R S T	Use	00	00	00
S T	Failure Modes		0	
S	Availability	4	3	4
SECOZO	Use	00	00	00
N D	Failure Modes	1	1	
T H	Availability			
ı	Use			
R D	Failure Modes			
Q	Availability			
μ̈́	Use		1	
E R	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Occupant Number 1. Type of Child Safety Seat 2. Child Safety Seat Orientation 3. Child Safety Seat Harness Usage 4. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage 6. Child Safety Seat Specify Below for Each Child Safety Seat Make/Model 1. Type of Child Safety Seat (O) No child Safety Seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (00) No child safety seat (10) No child Safety Seat (11) Infant seat (12) Toddler seat (3) Convertible seat (4) Booster seat (5) Other type child safety seat (specify): (12) Convertible seat (4) Booster seat (5) Other type child safety seat (specify): (13) Conventible seat (6) No child safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5 (6) No child safety seat	Wi	nen a child safety seat is present enter the	occupant's n	umt	ber in the first row and complete the column below elete a column for each child safety seat present.
Safety Seat 2. Child Safety Seat Orientation 3. Child Safety Seat Harness Usage 4. Child Safety Seat Shield Uasge 5. Child Safety Seat Tether Usage 6. Child Safety Seat Make/Model 7. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (4) Booster seat 2. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5	Oc	cupant Number		ľ	
Orientation 3. Child Safety Seat Harness Usage 4. Child Safety Seat Shield Uasge 5. Child Safety Seat Tether Usage 6. Child Safety Seat Make/Model 1. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (4) Booster seat Specify Below for Each Child Safety Seat 4. Child Safety Seat Harness Usage 5. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-8	1.				
Harness Usage 4. Child Safety Seat Shield Uasge 5. Child Safety Seat Tether Usage 6. Child Safety Seat Make/Model 7. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (4) Booster seat Specify Below for Each Child Safety Seat 3. Child Safety Seat Harness Usage 4. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5	2.	•			
Shield Uasge 5. Child Safety Seat Tether Usage 6. Child Safety Seat Make/Model 7. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (5) Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5	3.	· 1			
Tether Usage 6. Child Safety Seat Specify Below for Each Child Safety Seat 1. Type of Child Safety Seat 3. Child Safety Seat Harness Usage (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (5) Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5	4.				
1. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (5) Booster seat (6) Specify Below for Each Child Safety Seat (6) Safety Seat Harness Usage (7) Child Safety Seat Shield Usage (8) Child Safety Seat Tether Usage (9) Note: Options Below Are Used for Variables 3-5	5.				
 (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (5) Child Safety Seat Tether Usage (6) Note: Options Below Are Used for Variables 3-5 	6.		Specif	у В	elow for Each Child Safety Seat
 (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (5) Child Safety Seat Shield Usage (6) Child Safety Seat Tether Usage (7) Note: Options Below Are Used for Variables 3-5 	1.	Type of Child Safety Seat		3.	Child Safety Seat Harness Usage
(3) Convertible seat (4) Booster seat 5. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5		(1) Infant seat		4.	Child Safety Seat Shield Usage
		(3) Convertible seat		5.	Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5.
			y):		(00) No child safety seat
(8) Unknown child safety seat type Not Designed with Harness/Shield/Tether (9) Unknown if child safety seat used (01) After market harness/shield/tether added, not used		(8) Unknown child safety seat type (9) Unknown if child safety seat used			(01) After market harness/shield/tether
2. Child Safety Seat Orientation (02) After market harness/shield/tether used	2.	•			
harness/shield/tether added		•			harness/shield/tether added
Designed for Rear Facing for (09) Unknown if harness/shield/tether This Age/Weight added or used (01) Rear facing		This Age/Weight (01) Rear facing			
(02) Forward facing Designed With Harness/Shield/Tether (08) Other orientation (specify): (11) Harness/shield/tether not used					(11) Harness/shield/tether not used
(09) Unknown orientation (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used		(09) Unknown orientation	-		
Age/Weight (21) Harness/shield/tether not used (11) Rear facing (22) Harness/shield/tether used		Age/Weight (11) Rear facing			
(12) Forward facing (29) Unknown if harness/shield/tether used (18) Other orientation (specify):					
(19) Unknown orientation (99) Unknown if child safety seat used		(19) Unknown orientation	_	e	•
Unknown Design or Orientation For This (Specify make/model and occupant number) Age/Weight, or Unknown Age/Weight (21) Rear facing		Age/Weight, or Unknown Age/Weight (21) Rear facing	S	о.	
(22) Forward facing (28) Other orientation (specify):					
(29) Unknown orientation		(29) Unknown orientation			
(99) Unknown if child safety seat used		(99) Unknown if child safety seat used			

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	3	0	3
I R	Seat Type	02	00	02
Ş	Seat Performance	5	0	0
	Seat Orientation	1	0	/
S	Head Restraint Type/Damage	0	0	0
S E C	Seat Type	03	03	03
O N	Seat Performance	1	1	1
Ď	Seat Orientation	1		1
Т	Head Restraint Type/Damage			
H	Seat Type			
Ŕ	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
Ε	Seat Performance			
R	Seat Orientation			

Head	Restraint	Type/Damage	by	Occupant	at	This
	oant Positi		-	•		

- (0) No head restraints
- (1)
- Integral no damage Integral damaged during accident (2)
- (3)
- Adjustable no damage Adjustable damaged during accident (4)
- (5)
- Add-on no damage Add-on damaged during accident (6)
- (8) Other Specify):
- Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06)Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (O) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

	EJECTION/ENTRAPMENT D	ATA				
Complete the following if the research	Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.					
	EJECTION No [] Yes [] Describe indications of ejection and body parts involved in partial ejection(s):					
Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						
Ejection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	(5) Integral structure (8) Other medium (specify): (9) Unknown				
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Medium Status (Immediate to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown					
ENTRAPMENT No [/ Yes	[]					
Component(s):						
(Note in vehicle interior diagram)						

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form 30. Child Safety Seat Orientation 26. Seat Type (this Occupant Position) (00) No child safety seat (00) Occupant not seated or no seat (01) Bucket Designed for Rear Facing for This Age/Weight (02) Bucket with folding back (03) Bench (01) Rear facing (02) Forward facing (04) Bench with separate back cushions (08) Other orientation (specify): (05) Bench with folding back(s) (06) Split bench with separate back cushions (09) Unknown orientation (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) Designed For Forward Facing for This Age/Weight (09) Other seat type (specify): (11) Rear facing (10) Box mounted seat (i.e., van type) (12) Forward facing (18) Other orientation (specify): (99) Unknown (19) Unknown orientation 27. Seat Performance (this Occupant Position) Unknown Design or Orientation For This (0) Occupant not seated or no seat Age/Weight, or Unknown Age/Weight (1) No seat performance failure(s) (21) Rear facing (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (22) Forward facing (28) Other orientation (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (29) Unknown orientation (6) Deformed by passenger compartment intrusion (specify): (99) Unknown if child safety seat used (7) Combination of above (specify): 00 31. Child Safety Seat Harness Usage (8) Other (specify): 00 32. Child Safety Seat Shield Usage (9) Unknown 00 33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. **CHILD SAFETY SEAT** (00) No child safety seat 000 28. Child Safety Seat Make/Model Not Designed With Harness/Shield/Tether (000) No child safety seat (01) After market harness/shield/tether Applicable codes are found in your NASS CDS added, not used Data Collection, Coding and Editing (02) After market harness/shield/tether used (950) Built-in child safety seat (03) Child safety seat used, but no after market (997) Other make/model (specify): harness/shield/tether added (09) Unknown if harness/shield/tether (998) Unknown make/model added or used (999) Unknown if child safety seat used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used 0 29. Type of Child Safety Seat (12) Harness/shield/tether used (0) No child safety seat (19) Unknown if harness/shield/tether used (1) Infant seat (2) Toddler seat Unknown If Designed With Harness/Shield/Tether (3) Convertible seat (21) Harness/shield/tether not used (4) Booster seat (22) Harness/shield/tether used (7) Other type child safety seat (specify): (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

79

3. Vehicle Number

0/

2. Case Number - Stratum

078A

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

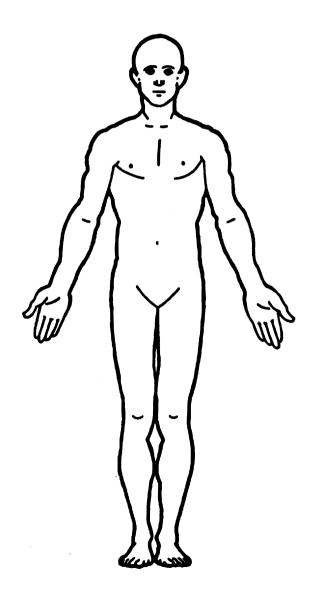
	Source	O.I.CA.I.S						Injury Source	Direct/	
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Confidence Level		Occupant Area Intrusion No.
1st	ъ. <u>9</u>	6. <u>N</u>	7. <u>P</u>	8. <u>F</u>	9. <u>S</u>	10. 2	11. 4/	12	13	14. <u>00</u>
2nd	15	16	17	18	19	20	21	22	23	24
3rd	25	26	27	28	29	30	31	32	33	34
4th	35	36	37	38	39	40	41	42	43	44
5th	45	46	47	48	49	50	51. <u> </u>	52	53	54
6th	55. <u></u>	56	57	58	59	60	61	62	63	64. <u> </u>
7th	65	66	67	68	69	70	71	72	73	74
8th	76	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104

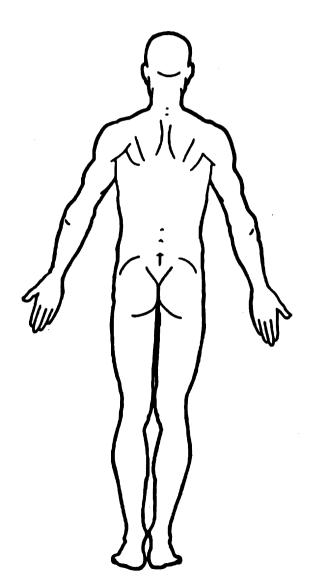
				000	UPANT	INJURY	DATA			
	Source of Injury	Body	(D.I.CA.I.S	System	A.I.S.	Injury	Injury Source Confidence	Direct/	Occupant Area
	Data	Region	Aspect	Lesion	Órgan	Severity	Source	Level	Injury	Intrusion No.
11th									· —	
12th		_				_				
13th	_	_	_				·		_	
14th				_	- .	_				
15th					. —					
16th	-				_				_	
17th		, 						-		
18th						_			. —	
19th			· —		 ,		· ————			
20th	_		_							
21st		***************************************								
22nd				_				<u></u>	_	 -
23rd		_	 ,	_	_	_			. —	
24th	_				_	_			_	
25th		. —						· —		

· .

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA OFFICIAL (1) Autopsy records with or without hospital medical records

- (2) Hospital medical records other than emergency room (e.g., dishcarge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination
- of codes 04 and 05) (07) Steering column, transmission
- selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, Apillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, Apiller, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B piller
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B piller
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE

- **ENVIRONMENT** (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- Probable
- (3) Possible
- Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- Indirect contact injury (2)
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (0) Ankle - foot
- (A) Arm (upper) (B) Back-thoracolumbar spine
- (C) Chest
- **(E)** Flbow
- (F) Face
- Forearm
- (H) Head-skull Injured, unknown region
- Leg (lower)
- Lower limbs(s) (whole or (Y)
- unknown part)
- (N) Neck-cervical spine (P) Pelvic-hip
- (S) Shoulder Thigh m
- Upper limb(s) (whole or (X)
- unknown part) Whole body (0)
- Wrist-hand (W)

Aspect of Injury

- (A) Anterior - front Bilateral (rib fracture only)
- (B)
- (C) Central **(1)** Inferior-lower
- (U) Injured, unknown aspect
- (L) Left (P) Posterior-back
- (R) Right (S) Superior-upper Whole region

(W) Lesion

- (A) Abrasion Amputation
- (M) **(V) Avulsion**
- (B) Burn (K) Concussion
- (C) Contusion (N)
- (G) Detachment, separation
- Dislocation

- Fracture
- (Z)Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (0) Other Perforation, puncture
- (P) Rupture
- (S) Sprain
- Strain Total severance, transection

System/Organ

- (W) All systems in region
- (B) Brain

(A)

- (D) Digestive
- (E) Ears (0) Eye
- (H)Heart Injured, unknown system (U)

Arteries - veins

- (1) Integumentary
- **Joints**
- (K) Kidneys

- Liver
- (M) Muscles
- (N) Nervous system
- Pulmonary-lungs (P) Respiratory (R)
- (S) Skeletal (C) Spinal cord
- (Q) Spleen (T) Thyroid, other endocrine
- gland Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- Moderate injury (2)
- (3) Seriour injury (4)
- Severe injury Critical injury (5)
- (6) Maximum (untreatable)
 - Injured, unknown severity

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___No

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

BELT ONLY

Blood Alcohol Level (mg/dl)

BAL = N/A

Glasgow Coma Scale Score

gcss = <u>N/A</u>

Units of Blood Given

Units = ___

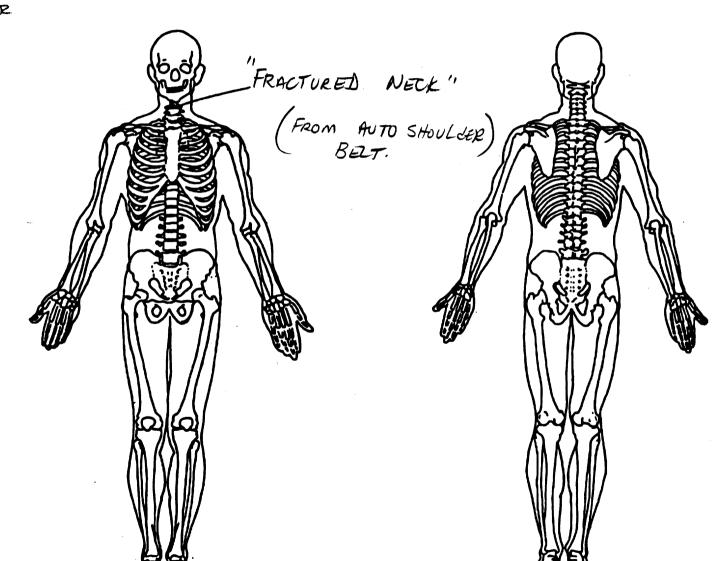
Aterial Blood Gases

pH = __._

PO. =

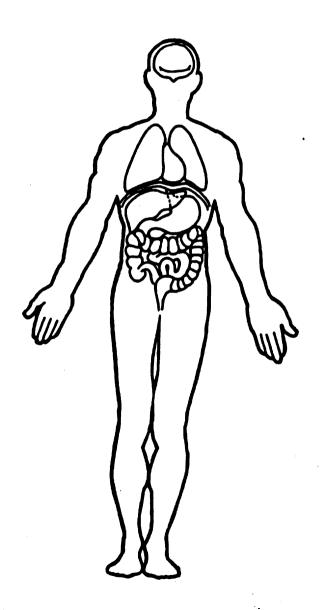
PCO,

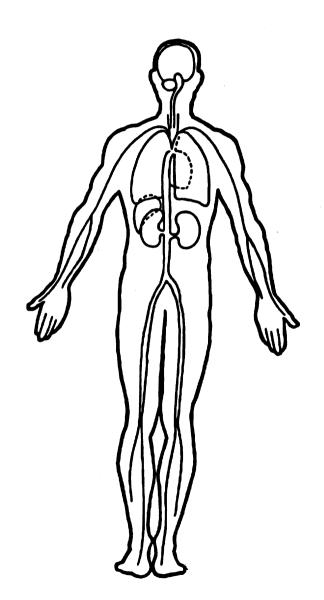
HCO₃ ____



OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation

National Highway Traffic Safety Administration

UPDATE FORM



NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	79	Driver or Occupant Name:
2. Case Number — Stratum	078A	Address: 00A . 192 @ 1955
3. Vehicle Number	01	DOB: 175
4. Occupant Number	01	Other Information:
		Jav State
		(Sahitize this section prior to Update submission.)

,	UPF	ATED CASE	INFO	RMATION		
	INITIAL SUBMISSION	UPDATED INFORMATION			INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	96		OA21.	Air Bag System Availability/Function	<u>0</u>	
GV39. Other Drug Specimen Test Type for Driver	0		OA22.	Air Bag System Deployme	ent <u>O</u>	
GV40GV41. Narcotic Drug	00		OA35.	Treatment - Mortality	1	
GV42GV43. Depressant Drug	00	01	OA36.	Type of Medical Facility (for Initial Treatment)	0	
GV44GV45. Stimulant Drug	00	01	OA37.	Hospital Stay	00	·
GV46GV47. Hallucinogen Drug	00		OA38.	Working Days Lost	62	
GV48GV49. Cannabinoid Drug	00		OA39.	Time to Death	01	·
GV50GV51. Phencyclidine (PCP)	00	01	OA40.	1st Medically Reported Cause of Death	99	06
GV52GV53. Inhalant Drug	00		OA41.	2nd Medically Reported Cause of Death	00	
GV54GV55. Other Drug (Excluding Nicotin Aspirin, Alcohol, Drugs Administere Post-Crash)			OA42.	3rd Medically Reported Cause of Death Number of Recorded	00	 13 14
GV56. Driver's Zip Code			0,40.	Injuries for This Occupant		
GV57. Driver's Race/Ethnic Orig	gin <u>9</u>		OA44.	Automatic (Passive) Belt System Availability/Funct	ion /	
OA05. Occupant's Age	16		OA45.	Automatic (Passive) Belt System Use		
OA06. Occupant's Sex OA07. Occupant's Height	67		OA50.	Glasgow Coma Scale (GCS) Score	01	
OA08. Occupant's Weight	140	145	OA51	Was the Occupant Given Blood?	1	
OA17. Manual (Active) Belt System Availability	<u>3</u>		OA52.	Arterial Blood Gases (ABC	G) <u>0 1</u>	
OA18. Manual (Active) Belt System Use	00		·	- нсо ₃		
			<u></u> .			

S	TATUS C	F LOG IN.	JURY INFORMATION		
	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
OAL12. Injury Treatment Status OAL13. Injury Information			h. Emergency room records i. Radiographic record(s) associated with ER visit	<u>B</u>	
Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about	<u>в 08</u> в		j. Private physician <u>Unofficial</u> k. Lay coroner	<u>B</u>	
death based on non-invasive examination c. Admission record/summary or admission/discharge face sheet	<u>B</u>		I. EMS record m. Interviewee n. Other source (specify):	B B B	<u></u>
d. Discharge summary	<u>B</u>		o. Police report	- 1/	_
e. Operative report	<u>B</u>		o. Police report	<u>B / /</u>	<u>B</u>
f. Rediographic record(s) post ER visit	<u>B</u>		OAL14. Medical Facility Code	31	·
g. History and physical examination and/or consultation records	В		OIL07. Date Official Medical Data Obtained		192
IN.III	RY DATA	CODED C	N INITIAL SURMISSION		

		*					Obtained			
			INJURY			D ON IN	ITIAL SUB	MISSION		
	Source of Injury Data	Body Region	Aspect	O.I.CA.I.	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Are Intrusion No
lst	5. <u>9</u>	6. <u>N</u>	7. <u>P</u>	8. <u>F</u>	9. <u>5</u>	10. <u>2</u>	11. <u>4 1</u>	12	13/	14. <u>0 ()</u>
nd .	15	16	17	18	19	20	21	22	23	24
rd	25	26	27	28	29	30	31	32	33	34
th	35	36	37	38	39	40	41	42	43	44
th	45	46	47	48	49	50	51	52	53	54
th	55	56	57	58	59	60	61	62	63	64
th	65	66	67	68	69	70	71	72	73	74
th ,	75	76	77	78	79	80	81	82	83	84
th	85	86	87	88	89	90	91	92	93	94
Oth	95	96	97	98	99	100	101	102	103	104
1th	105 1	06	107	108	109	110	111	112	113	114
2th	115 1	16	117	118	119	120	121	122	123	124
3th	125 1	26	127 1	28	129	130	131	132	133	134
1th	135 1	36	137 1	38	139	140	141	142	143	144
5th .:	145 1	46	147 1	48	149	150	151	152	153	154

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

		Source			O.I.CA.I.:	S			Injury		
		of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	1et	б. <u>/</u>	8. <u>H</u>	7. <u>P</u>	8. <u>L</u>	9. <u>B</u>	10. 4	11. <u>4</u> L	12. <u>2</u>	13. 2	14. <u>QQ</u>
	2nd 1	6	16. <u>H</u>	17. <u>P</u>	18. 1	19. <u>B</u>	20. 4	21. <u>4 1</u>	22. <u>J</u>	23. <u>2</u>	24. <u>0 0</u>
		26	26. <u>/7</u> 7	27. <u>R</u>	28. <u>C</u>	29. <u>L</u>	30. 🔏	31. <u>49</u>	32.9	2 33. <u>T</u>	συ 34. <u>9-9</u>
NASS Cone is! Rev: 2nd Rev:	cho de	lete,		_	•				•		
THE THEY S	~-4th 3	1 8.	36. <u>M</u>	37. S	38. <u>C</u>	39. <u>R</u>	40. 2	41. 9 9	42. 7	43	44. 9 9
	5th 4	15	46. <u>C</u>	47. <u>R</u>	48. <u>C</u>	49P	50. <u>X</u>	61. <u>4</u> /	52. <u>2</u>	53. <u>2</u>	Б4. <u>ОО</u>
	6th 5	66. <u> </u>	Бб. <u>//</u>	57. <u>P</u>	58. <u>Z</u>	ъэ. <u>V</u>	60. <u>3</u>	61. <u>4</u> /	62. 2	63. 2	64. <u>00</u>
	7th 6	55. <u> </u>	66. <u>Q</u>	67. <u>R</u>	68. <u>A</u>	69. <u>I</u>	70. <u>/</u>	71. <u>97</u>	72. <u>9</u>	73. <u>7</u>	00 74. 99
	8th 7	′5. <u>/</u>	76. <u>A</u>	77. <u>K</u>	78. <u>A</u>	79. <u>I</u>	80. <u>/</u>	81. <u>97</u>	82. <u>9</u>	83	p) 84. 99
	9th. 8	15. <u> </u>	86. <u>C</u>	87. <u>R</u>	88. <u>C</u>	89. <u>I</u>	90. <u> </u>	91. <u>4</u> <u>/</u>	92	93	94. <u>Q Q</u>
	10th \$	95	96. <u>P</u>	97. <u>L</u>	98. <u>C</u>	99. <u>I</u>	100/	101. <u>20</u>	102. 2	103	104.99

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

NASS Cong Chi

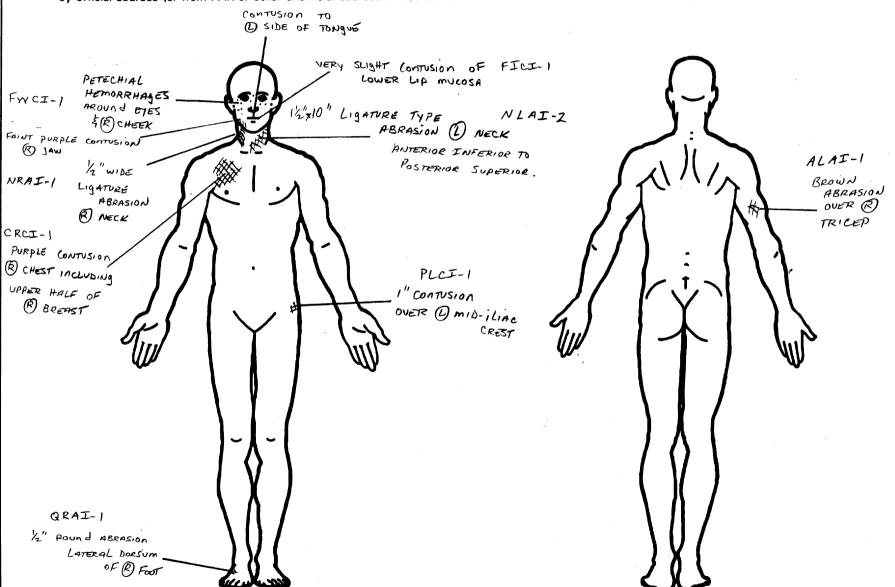
18 Rev 3 E

				occ	CUPANT	INJURY	DATA			*
	Source of Injury Data	Body Region	Aspect	D.I.CA.I.S Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th		N	R	<u>A</u>	I		41			00
12th		<u>N</u>	<u>L</u>	A	I	<u>2</u>	41		1	<u>00</u>
13th	1	E	王	<u>c</u>	I	1	21	9	7	99
14th	<u></u>	E	<u>w</u>	<u>C</u>	I		27	9	7	99
15th	_				_		—————			
16th					_		,			
17th	· 			_						
18th		·		. —		<u></u> -	-			
19th					<u></u>					
20th	-	.		_			 .			<u> </u>
21st				-				_	_	<u>.</u>
22nd										
23rd										
24th										
25th				**************************************						

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

All injuries VHA autipay

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) RIGHT SIDE associated X-rays or other lab reports) (67) Other exterior surface or tires (4) Private physician, walk-in or emergency (30) Right side interior surface, 1 (specify): clinic excluding hardware or armrests (68) Unknown exterior objects (31) Right side hardware or armrest UNOFFICIAL (32) Right A pillar **EXTERIOR OF OTHER MOTOR VEHICLE** (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge (7) Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame (36) Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood omament frame, window sill, A pillar, (75)B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): Side mirrors (77)FRONT (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05). Steering wheel hub/spoke (41) Belt restraint webbing/buckle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system deck, air conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46) Other occupants (specify): (84) Ground (10) Center instrument panel and below (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle

pillar, instrument panel, mirror, or steering assembly (driver side only) (15) Windshield including one or more of the following: front header, Apillar, instrument panel, or mirror (passenger side only) (16) Other front object (specify): LEFT SIDE (20) Left side interior surface, excluding hardware or armrests (21) Left side hardware or armrest

(22) Left A pillar (23) Left B pillar (24) Other left pillar (specify): (25) Left side window glass or frame

O.I.C. Barder Bardan

ROOF (50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top **FLOOR** (56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake

Windshield, roof rail, A-pillar (78) Other side protrusions (specify) (82) Other exterior of other motor vehicle (83) Unknown exterior of other motor vehicle OTHER VEHICLE OR OBJECT IN THE (85) Other vehicle or object (specify) (86) Unknown vehicle or object (91) Flying glass (92) Other noncontact injury source (specify): (93) Air bag exhaust gases (97) Injured, unknown source INJURY SOURCE CONFIDENCE LEVEL (1) Certain (2) Probable Possible (3) Unknown **DIRECT/INDIRECT INJURY** (1) Direct contact injury Indirect contact injury (2) (3) Noncontact injury Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

(60) Backlight (rear window)

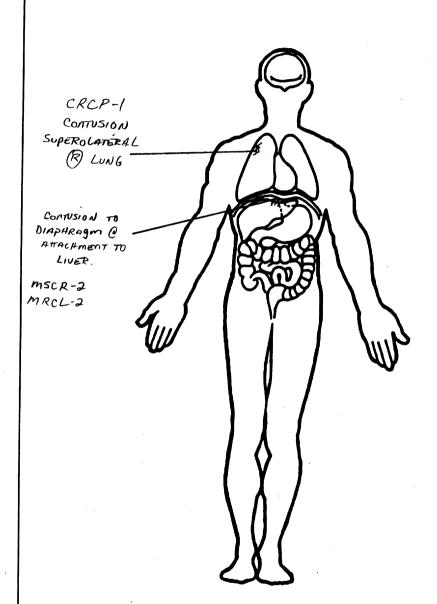
REAR

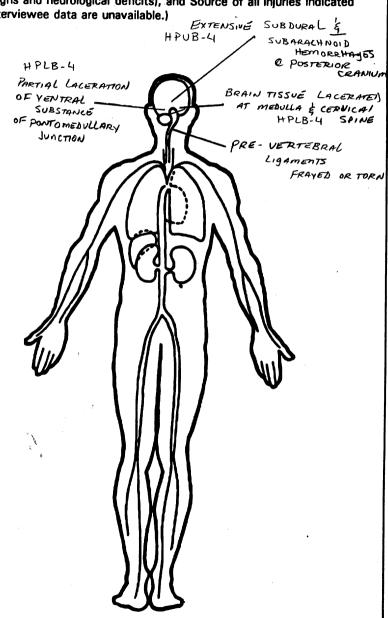
O.I.C. Body Region		Asp	ect of injury	(F)	Fracture	(L)	Liver
				(Z)	Fracture and dislocation	(M)	Muscles
(M)	Abdomen	(A)	Anterior — front	(U)	Injured, unknown lesion	(N)	Nervous system
(Q)	Ankle-foot	(B)	Bilateral (rib fracture only)	(L)	Laceration	(P)	Pulmonary—lungs
(A)	Arm (upper)	(C)	Central	(0)	Other	(R)	Respiratory
(B)	Back-thoracolumbar spine	(1)	Inferior – lower	(P)	Perforation, puncture	(S)	Skeletal
(C)	Chest	(U)	Injured, unknown aspect	(R)	Rupture	(C)	Spinal cord
(E)	Elbow	(L)	Left	(S)	Sprain	(0)	Spleen
(F)	Face	(P)	Posterior — back	m	Strain	Ö	Thyroid, other endocrine
(R)	Forearm	(R)	Right	(E)	Total severance, transection	***	gland
(H)	Head—skull	(S)	Superior-upper	• •	The state of the s	(V)	Vertebrae
(U)	Injured, unknown region	(W)	Whole region	Svat	tem/Organ	(*)	VOI CODI 80
(K)	Knee			•	•	Abb	revieted Injury Coals
(L)	Leg (lower)	Lesi	on	(W)	All systems in region	Abb	reviated Injury Scale
	Leg (lower) Lower limbs(s) (whole or	Lesi	on	(W) (A)	All systems in region		
(L) (Y)	Leg (lower) Lower limbs(s) (whole or unknown part)	Lesi (A)	on Abrasion		All systems in region Arteries – veins Brain	(1)	Minor injury
(L) (Y) (N)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck—cervical spine			(A) (B)	Arteries — veins Brain	(1) (2)	Minor injury Moderate injury
(L) (Y) (N) (P)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck—cervical spine Pelvic—hip	(A)	Abrasion	(A) (B) (D)	Arteries - veins	(1) (2) (3)	Minor injury Moderate injury Seriour injury
(L) (Y) (N) (P) (S)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck—cervical spine Pelvic—hip Shoulder	(A) (M)	Abrasion Amputation	(A) (B) (D) (E)	Arteries veins Brain Digestive Ears	(1) (2) (3) (4)	Minor injury Moderate injury Seriour injury Severe injury
(L) (Y) (N) (P) (S) (T)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck — cervical spine Pelvic — hip Shoulder Thigh	(A) (M) (V)	Abrasion Amputation Avulsion	(A) (B) (D)	Arteries — veins Brain Digestive	(1) (2) (3) (4) (5)	Minor injury Moderate injury Seriour injury Severe injury Critical injury
(L) (Y) (N) (P) (S)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or	(A) (M) (V) (B)	Abrasion Amputation Avulsion Burn	(A) (B) (D) (E) (O) (H)	Arteries — veins Brain Digestive Ears Eye Heart	(1) (2) (3) (4) (5) (6)	Minor injury Moderate injury Seriour injury Severe injury Critical injury Maximum (untreatable)
(L) (Y) (N) (P) (S) (T) (X)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or unknown part)	(A) (M) (V) (B) (K)	Abrasion Amputation Avulsion Burn Concussion	(A) (B) (D) (E) (O) (H) (U)	Arteries — veins Brain Digestive Ears Eye Heart Injured, unknown system	(1) (2) (3) (4) (5)	Minor injury Moderate injury Seriour injury Severe injury Critical injury
(L) (Y) (N) (P) (S) (T)	Leg (lower) Lower limbs(s) (whole or unknown part) Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or	(A) (M) (V) (B) (K) (C)	Abrasion Amputation Avulsion Burm Concussion Contusion	(A) (B) (D) (E) (O) (H)	Arteries — veins Brain Digestive Ears Eye Heart	(1) (2) (3) (4) (5) (6)	Minor injury Moderate injury Seriour injury Severe injury Critical injury Maximum (untreatable)

	OFFICIAL INJURY DATA — SKELETAL INJURIES
Restrained? No Yes	Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
Blood Alcohol Level (mg/dl) BAL =	WIDELY DISPLACED SUBLUXATION OF CRANIUM (Fx) OCCLUDING C. FORAMEN
Glasgow Coma Scale Score GCSS =	WON CODE ABLE NON CODE ABLE THE MONTH CODE ABLE TO RAMEN MAGNUM MAGNUM TO RAMEN MAGNUM MAGNUM TO RAMEN MAGNUM MAGNUM MAGNUM TO RAMEN MAGNUM MAGNUM MAGNUM MAGNUM MAGNUM TO RAMEN MAGNUM MAGNU
Units of Blood Given Units =	ANJURIES.
Aterial Blood Gases pH = PO ₂ =	
PCO ₂	

OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





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(3) Tilted <45 degrees(4) Tilted ≥45 degrees(5) Uprooted tree

(7) Pole replaced(8) Other (specify):

(9) Unknown

(6) Separated pole from base

Cate-	Configur-	
gory	ation	ACCIDENT TYPES (Includes Intent)
	A. Right Roadside Departure	DRIVE OFF CONTROL/ TRACTION LOSS WITH VEH., PED., ANIM. OTHER UNKNOWN
I. Single Driver	B. Left Roadside Departure	DRIVE OFF CONTROL/ ROAD TRACTION LOSS WITH VEH., PED., ANIM. OTHER UNKNOWN
_	C. Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ END DEPARTURE OTHER UNKNOWN
Trafficway Direction	D Rear-End	20 22 24 26 28 30 (EACH • 32) (EACH • 33) STOPPED SLOWER DECEL. 21, 22, 23 25, 28, 27 29, 30, 31 SPECIFICS UNKNOWN
II. Same Trafi Same Dire	E Forward Impact	34 35 38 ED 40 EACH • 42) (EACH • 42) (EACH • 43) CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH. AVOID COLLISION WITH OBJECT OTHER UNKNOWN
	Sideswipe Angle	45 45 45 SPECIFICS SPECIFICS UNKNOWN OTHER
vay ction	G Head-On	50 51 (EACH • 52) (EACH • 53) SPECIFICS LATERAL MOVE OTHER SPECIFICS UNKNOWN
Same Trafficway Opposite Direction	H Forward Impact	54 55 56 57 58 59 60 CJ (EACH • 62)(EACH • 63) CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH. AVOID COLLISION WITH OBJECT OTHER UNKNOWN
	I. Sideswipe/ Angle	64 (EACH • 66) (EACH • 67) SPECIFICS SPECIFICS UNKNOWN OTHER
Change Trafficway Vehicle Turning	J. Turn Across Path	68 71 73 72 (EACH • 74) (EACH • 75) INITIAL OPPOSITE DIRECTIONS INITIAL SAME DIRECTIONS SPECIFICS SPECIFICS OTHER UNKNOWN
	K. Turn Into Path	77 79 81 (EACH • 84) (EACH • 85)
V. Intersecting Paths IV. (Vehicle Damage)	L. Straight Paths	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTIONS SPECIFICS UNKNOWN (EACH • 90) SPECIFICS UNKNOWN SPECIFICS UNKNOWN SPECIFICS UNKNOWN
VI. Miscel- laneous	M. Backing Etc.	92 93 OTHER VEH. 98 Other Accident Type OR OBJECT 99 Unknown Accident Type VEH. 00 No Impact

79-0786 Va Page 5

			·
OTHER DATA		61. Rollover Initiation Object Contacted	00
56. Driver's Zip Code			^
(00000) Driver not present (00001) Driver not a resident of U.S. or 1 90012 Code actual 5-digit zip code (99999) Unknown	territories	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane	_0
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	9	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown 63. Direction of Initial Roll	0
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	<u>5</u>	 (0) No rollover (1) Roll right - primarily about the longituding (2) Roll left - primarily about the longituding (5) End-over-end (i.e., primarily about the la axis) (9) Unknown roll direction 	l axis
(7) Hearse		PRECRASH DATA	
(8) Fire truck or car (9) Unknown		64. Pre-Event Movement (Prior to Recognition of Critical Event)	01
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 If GV24 (Rollover) = 0, then GV59-GV63 must If GV24 = 9, then GV59-GV63 must equal 9.	blank. equal 0.	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle	
59. Rollover Initiation Type (O) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type	b	 (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking pos (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a p critical event (97) Other (specify): 	
60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved	0	(98) No driver present (99) Unknown	
(3) On shoulder—unpaved (4) On roadside or divided trafficway mediar (9) Unknown	1		

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
• •• • • • • • • • • • • • • • • • • • •	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 4 inches in diameter)	(68) Other fixed object (specify):
(42) Tree (> 4 inches in diameter)	(55) Care mes coject (specify).
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	(00) 0
	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
(10) Electrically policies post (all) electrically	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 4 inches in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 4 inches but ≤ 12 inches in	(88) Other nonfixed object (specify):
diameter)	(00) Other hollitaed object (specify):
(52) Pole or post (> 12 inches in diameter)	(89) Unknown nonfixed object
(53) Pole or post (diameter unknown)	
	(98) Other event (specify):
(54) Concrete traffic barrier	(oo, out.o. orong tapoony).
(55) Impact attenuator	(99) Unknown event or object
(56) Other traffic barrier (includes guardrail)	(30) Simulation district of object
(specify):	

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

79 078A 02

EXTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

ENTIRE FORM

[] PAGE NUMBER (S)

PSU NUMBER
CASE NUMBER
VEHICLE NUMBER

79 078 A 02

INTERIOR VEHICLE FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

Ŋ	ENTIRE FORM	
[]	PAGE NUMBER (S)	

79-078A

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

26. Seat Type (this Occupant Position) 9999 9999 99999999999999999999999999	30. Child Safety Seat Orientation (00) No child safety seat
 (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) 	Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation
(10) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify):
27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used 31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage 33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33.
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

79

3. Vehicle Number

02

2. Case Number - Stratum

078A

4. Occupant Number

01

INJURY DATA

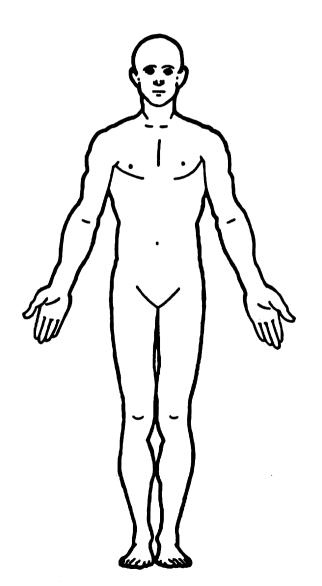
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

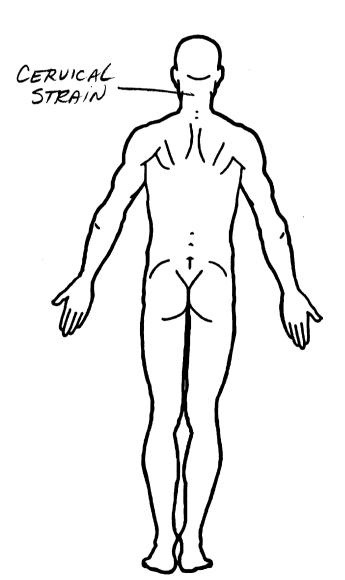
	Source			O.I.CA.I.\$	5			Injury Source Confidence Level	Direct/ Indirect Injury	
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source			Occupant Area Intrusion No.
1st	Б. <u>З</u>	6. <u>N</u>	7. <u>P</u>	8. <u>T</u>	9. / /	10	11.97	12. <u>9</u>	13	14. <u>99</u>
2nd	15.3	16. <u>W</u>	17. <u>R</u>	18. <u>S</u>	19. <u>J</u>	20. /	21.97	22. 9	23. 7	24. <u>99</u>
3rd	25	26	27	28	29	30	31	32	33	34
4th	35	36	37	38	39	40	41	42	43	44
Бth	45	46	47	48	49	50	51	52	53	54
6th	55	56	57	58	59	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104

				occ	CUPANT	INJURY	DATA			
	_		(D.I.CA.I.S	3			Injury		
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	_		_	. —					_	
12th		_				_				
13th		-			and the second					
14th _.					- .				_	
15th	· .	_	_		<u></u>					
16th	_		_	_	_	_				
17th			-	_				_	_	
18th		_			_	_				
19th	. —	_	. —						_	
20th	_		_	_						
21st										
22nd										· ————
23rd		_			_			_		
24th			_	_		 .		_		·
25th			. —			·		.—	_	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., dishcarge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewes
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (O2) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission
- selector lever, other attachment (08) Add on equipment (e.g., CB, tape
- deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee boister
- (14) Windshield including one or more of the following: front header, Apillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, Apiller, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A piller
- (23) Left B piller
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar. B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- Noncontact injury (3)
- Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- (M) Abdomen
- (0) Ankle - foot
- (A) Arm (upper) (R) **Back-thoracolumbar spine**
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm (H) Head-skull
- (U) Injured, unknown region
- Knee
- Leg (lower)
- Lower limbs(s) (whole or
- unknown part) (N) Neck-cervical spine
- Pelvic-hip (P)
- Shoulder (S)

m

- Thigh Upper limb(s) (whole or (X)
- unknown part) (0) Whole body
- (W) Wrist-hand

Aspect of Injury

- (A) Anterior - front
- (B) Bilateral (rib fracture only) (C) Central
- (I) Interior-lower
- (U) injured, unknown aspect (L) Left
- (P)
- Posterior-back (R) Right
- ISI Superior-upper (W) Whole region

Lesion

- Abrasion
- Amputation
- **(V)** Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion (N) Crush
- (G) Detachment, separation
- (D) Dislocation

- Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion (L) Laceration
- (0) Other
- Perforation, puncture (P)
- Rupture **(S)**
- Sprain m Strain

Total severance, transection

System/Organ

- All systems in region (W)
- (A) Arteries - veins (R) Brain
- (D) Digestive
- (E) Ears (0) Eve
- (H)
- (U) Injured, unknown system
- (1) Integumentary
- Joints

- Liver
- Muscles (M)
- (N) Nervous system
- (P) Pulmonary—lungs Respiratory (R)
- (S) Skeletal (C) Spinal cord
- (0) Spieen m Thyroid, other endocrine
- aland Vertebrae

Abbreviated injury Scale

(1) Minor injury

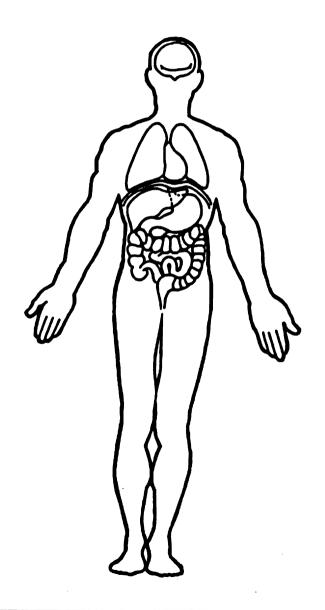
(3)

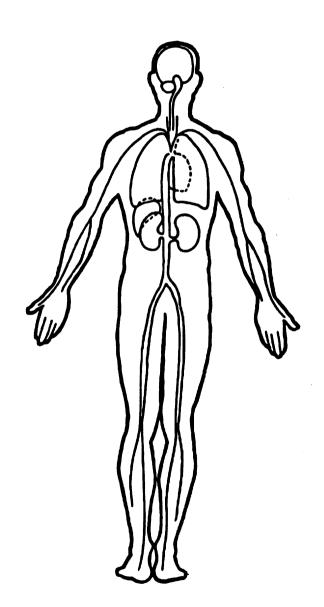
- Moderate injury (2)
- Seriour injury Severe injury (4)
- (5) Critical injury (6) Maximum (untreatable)
- (7) Injured, unknown severity

	OFFICIAL INJURY DATA — SKELETAL INJURIES
Restrained?NoYes	Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
Blood Alcohol Level (mg/dl)	
Glasgow Coma Scale Score GCSS =	
Units of Blood Given	R) WRIST STRAIN"
Aterial Blood Gases pH = PO ₂ = PCO ₂	
нсо,	

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

79-078A

26.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat	30. Child Safety Seat Orientation (00) No child safety seat
	 (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) 	Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing
	(99) Unknown	(18) Other orientation (specify): (19) Unknown orientation
27.	Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify):	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used 31. Child Safety Seat Harness Usage
	(9) Unknown	32. Child Safety Seat Shield Usage 33. Child Safety Seat Tether Usage Note: Options below applicable to
	CHILD SAFETY SEAT	Variables OA31-OA33. (00) No child safety seat
28.	Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

U.S. Department of Transportation

1. Primary Sampling Unit Number

2. Case Number - Stratum

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety Administration

3. Vehicle Number

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

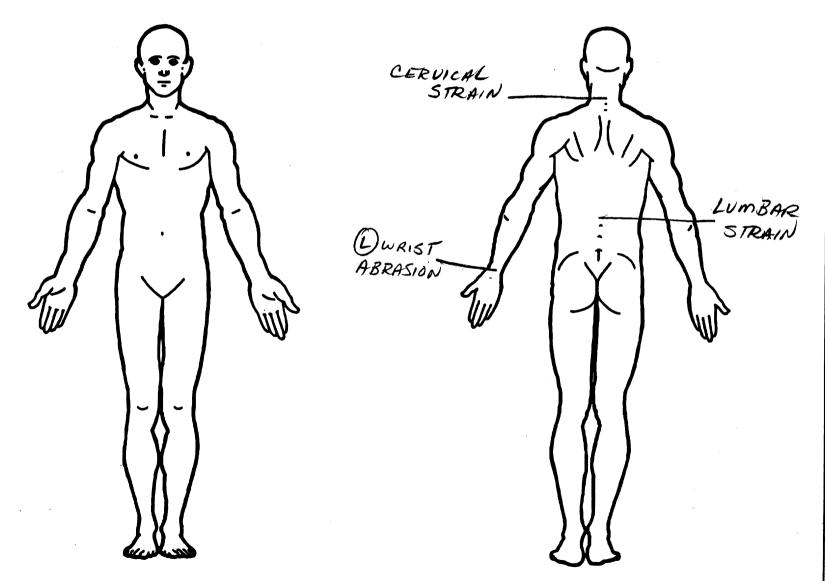
	_	O.I.CA.I.S						Injury Source	Direct/	
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Confidence Level	Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>3</u>	6. <u>N</u>	7. <u>P</u>	8	9. <u>M</u>	10	11.97	12. 9	13. 7	14. <u>9</u> 9
2nd	15. 3	16. <u>B</u>	17. <u>I</u>	18. <u>T</u>	19. M	20	21. 97	22. 9	23. 7	24. <u>99</u>
3rd	25. <u>3</u>	26. <u>W</u>	27. <u>L</u>	28. <u>A</u>	29. <u>I</u>	зо	31. <u>9</u> 7	32. <u>9</u>	33. <u>Z</u>	34. <u>9</u> 9
4th	35	36	37	38	39	40	41	42	43	44
5th	45	46	47	48	49	50	61	52	53	64
6th	55	56	57	58	59	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104

				occ	UPANT	INJURY	DATA			
	Source of Injury	Body		O.I.CA.I.S	System	A.I.S.	Injury	Injury Source Confidence	Direct/	Occupant Area
	Data	Region	Aspect	Lesion	Organ	Severity	Source	Level	Injury	Intrusion No.
11th	_	_	_							
12th			· <u>—</u>	_		_		 .		
13th			_							
14th_					- .	_		 .	-	
15th	· —		_							
16th		s —							_	
17th		_								
18th			_	_						
19th	_					Material	·	_		
20th						_				
21st								_		
22nd					_				_	
23rd						***************************************				
24th		_			_	_			_	
25th			_			_		-		· · · · · · · · · · · · · · · · · · ·

, J

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA **OFFICIAL** (1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., dishcarge

- summary) (3) Emergency room records only (including
- associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination
- of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape
- deck, air conditioner)
- (09) Left instrument panel and below (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, Apillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, Apillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B piller
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar
- attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE

- **ENVIRONMENT** (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- 121 Probable
- (3) Possible
- Unknown (9)

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- Indirect contact injury
- Noncontact injury
- Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- Abdomen
- 101 Ankle-foot
- (A) Arm (upper) (R) **Back-thoracolumbar spine**
- (C) Chest
- (E) Fibow
- **(F)** Face
- (R) Forearm
- (H) Head—skull Injured, unknown region (U)
- (K)
- Leg (lower) (L)
- (Y) Lower limbs(s) (whole or
- unknown part) (N) Neck-cervical spine
- (P) Pelvic - hip
- Shoulder (S)
- Thiah m
- Upper limb(s) (whole or (X) unknown part)
- (0) Whole body
- Wrist-hand (W)

- Aspect of injury
- (A) Anterior - front
- (B) Bilateral (rib fracture only)
- (C) Central **(I)** Inferior-lower
- (U) Injured, unknown aspect (L) Left
- (P) Posterior-back
- (R) Right (S) Superior-upper Whole region

(W) Lesion

- (A)
- Abrasion (M) Amputation
- Avulsion (V)
- (B) Burn (K) Concussion
- (C) Contusion
- (N) Crush (G) Detachment, separation
 - Dislocation

- Fracture
- Fracture and dislocation (Z) Injured, unknown lesion
- (U) (L) Laceration
- (0) Other
- (P) Perforation, puncture
- (R) Rupture (S) Sprain
- m Strain (E) Total severance, transection

System/Organ

- (W) All systems in region (A) Arteries - veins
- (B) Brain
- (D) Digestive (E)
- Ears (0) Eye
- (H) Heart (U) Injured, unknown system
- m Integumentary
- (J) **Joints**
- Kidneva

- Liver (M) Muscles
- Nervous system
- (P) Pulmonary-lungs
- Respiratory (S) Skeletal
- (C) Spinal cord (Q) Spleen Thyroid, other endocrine m
- gland (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury (2)Moderate injury
- (3) Seriour injury (4) Severe injury
- (5) Critical injury (6) Maximum (untreatable)
- Injured, unknown severity

_ No Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units = ____

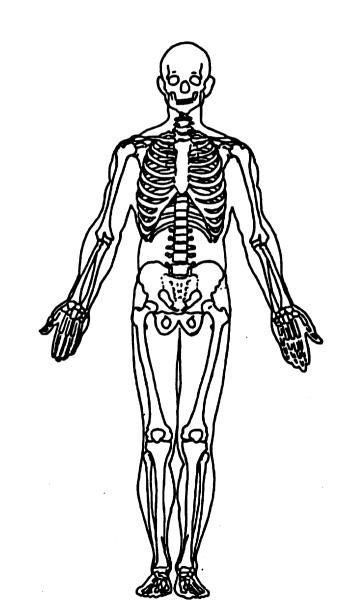
Aterial Blood Gases

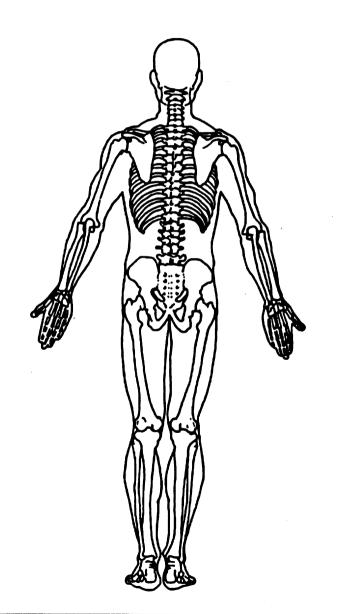
pH = __._

PO. =

PCO,

HCO₃ __

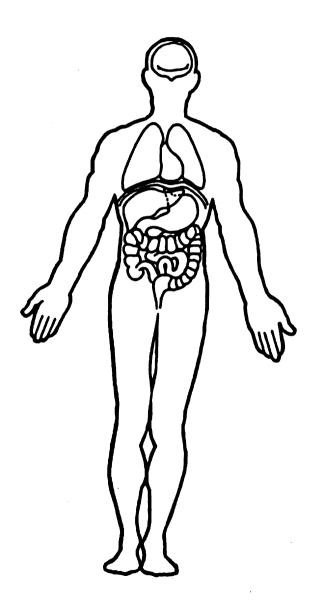


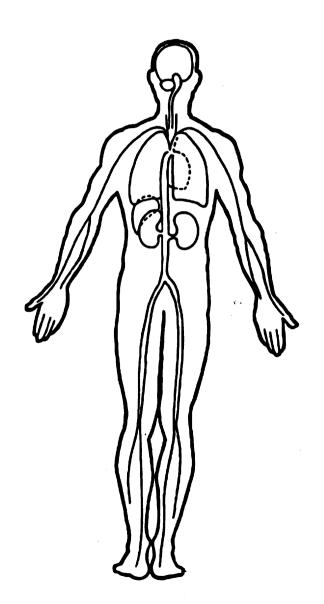


79-078K

OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11 should be greater than 03. VEH NUM = 01 OCCUPANT NUM = 01

Entry Error Ivo1#12

NO MORE INTER ERRORS - PRESS ENTER

1992 ACCIDENT FORM

1. PSU Number 79 2. Case Number 078A

7. SS13 0 8. SS14 1 9. SS15 0 10. SS16 0

IDENTIFICATION

6. SS12

3. No. of G.V. Forms Sub. 02 4. Accident Date _____/92 5. Accident Time 1955

SPECIAL STUDIES INDICATORS

NUMBER OF EVENTS 11. Number of Recorded Events in Accident 01

ACCIDENT EVENTS

Accident Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Veh. Num. or Obj. Cont.	Class of Vehicle	General Area of Damage
012. 01	013. 01	014. 02	015.	016- 02	017. 05	018 F

******************************** 1992 GENERAL VEHICLE FORM 1. PSU Number 79 2. Case Number 078A 3. Vehicle Number 01 VEHICLE IDENTIFICATION 5. Make 35 4. Model Year 92

6. Model 8. VIN	042 JN1FU21P2NT	•	7.	Body Type	04	
OFFICIAL RECORDS 9. Police Report 11. Police Rep. A	ed Disposition lcohol Presence	i ,	10.	Police Reports Alcohol Test R	ed Travel Speed Result for Driver	99 - 96
ACCIDENT RELATED 13. Speed Limit		35	14.	Attempted Avoi	id. Manuever	01

OCCUPANT RELATED			
16. Driver Presence in Vehicle	1	17. No. Occupants This Vehicle 0	1
18. No. Occupant Forms Submitted	01		

82

VEHICLE WEIGHT ITEMS 19. Vehicle Curb Weight	028 20. Vehicle Cargo Weight	00
PECONÉTRUCTION DATA		

RECONSTRUCTION DATA		•	
21. Towed Trailing Unit	O	22. Trajectory Data Documented	1
23. Post Col. Cond. of Tree/Pole	0	24. Rollover	0

OVERRIDE/UNDERRIDE (this vehicle) 25. F 0 26. R 0

15. Accident Type

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

27. Heading Angle This Vehicle 340 28. Heading Angle Other Vehicle 100 29. Basis for Total Delta V 6

COMPUTER GENERATED DELTA V	
30. Total Delta V	99
31. Longitudinal Component of Delta V	99
32. Lateral Component of Delta V	99
33. Energy Absorption	9999
34. Confidence in Reconstruction Program Results	0
35. Type of Vehicle Inspection	1

36. Is this an AOPS vehicle? 1

37.	Police Reported Other Drug Presence	0
38.	Police Observation/Perception Test Type for Driver	O
	Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

Specimen

Corrective Action

DEC Observation/

	D	, TL
	Perception	Test
	Test Results	Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50.0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. O
OTHER DATA		
56. Driver's Zip Code 58. Vehicle Special Use	57. Driv	er's Race/Ethnic Origin

ROLLOVER DATA

Avoidance Maneuver

(This Trip)

MODEOVER DATA		
59. Rollover Initiation Type	0	60. Location of Rollover Initiation 0
61. Rollover Initiation	00	62. Location on Vehicle Where Initial 0
Object Contacted		Principal Tripping Force Applied
63. Direction of Initial Roll	0	

PPECPACH DATA

FRE	-KHOU DHIH								
64.	Pre-Event Movement (Prior to	10	65.	Initial	Critical	(Pred	crash)	Event	15
	Recognition of Critical Event	5)							
66.	Precrash Stability After	O	67.	Precrash	n Directio	onal (Consequ	lences	0

1992 VEHICLE EXTERIOR FORM

1.	PSU Number	79
2.	Case Number	078A
з.	Vehicle Number	01

COLLISION DEFORMATION CLASSIFICATION HIGHEST DELTA "V"

Accident Sequence Obj Number Cor			Deform. Location	Specific Longitud. or lat. Location	or	Type of Damage Distrib.	Deform. Extent
4. 01 5.	02 6	6. 10	7. L	a. p	9. E	10. W	11. 03
SECOND HIGHE	EST DELTA	"V"					
12. 13.	•	14.	15.	16.	17.	18.	19.
CRUSH PROFIL HIGHEST DELT 20. /L		C2 C3	C4 C5 C6	22. +	/-D		
SECOND HIGHE	EST DELTA	"V"					
23. L	24. C1	C2 C3	C4 C5 C6	25. +	/-D		
	ocumented al Wheelba			27. Re	searchers	Assess. Veh	. Disp.
29. Multi-staged Manufactured/Certified Altered Vehicle? 0 30. Fire Occurrence 0 31. Origin of Fire 0 32. Type of Fuel Tank 1							

1992 VEHICLE INTERIOR FORM

- 1. PSU Number 79
- 2. Case Number 078A
- 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment 11

Door, Tailgate or Hatch opening 5. LF 9 6. RF 1 7. LR 9 8. RR 1 9. TG/H 0

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision
10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

GLAZING

Glazing Damage 15. WS 0 16. LF 0 17. RF 0 18. LR 6 19. RR 0 20. BL 6 21. Roof 8 22. Other 6

Glazing Damage from Occupant Contact 23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0 28. BL 0 29. Roof 0 30. Other 0

GLAZING (Cont.)

Type of Window/Windshield Glazing 31. WS 0 32. LF 0 33. RF 0 34. LR 2 35. RR 0 36. BL 2 37. Roof 0 38. Other 2

Window Precrash Glazing Status 39. WS 0 40. LF 0 41. RF 0 42. LR 2 43. RR 0 44. BL 1 45. Roof 0 46. Other 1

OCCUPANT AREA INTRUSION

Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
47.	48.	49.	50.
51.	52.	53.	54.
55.	56.	57 .	58.
59.	60.	61.	62.
63.	64.	65.	66.
67.	68.	69.	70.
71.	72.	73.	74.
75.	76.	77.	78.
79.	80.	81.	82.
83.	84.	85.	86.

STEERING COLUMN

87.	Steering Column Type	2	88. Steering Column Collapse
	Vertical Movement(+/-)		90. Lateral Movement(+/-)
91.	Longitudinal Movement(+/-)		92. Steering Rim/Spoke Deform O
99	Location of Dim/Snoke Deform	00	

INSTRUMENT PANEL

94.	Odometer Reading	001,000	95.	Instrument	Panel Damag	le O
96.	Knee Bolsters Deformed	8	97.	Glove Door	Open	0

1992 OCCUPANT ASSESSMENT FORM 79 1. PSU Number 2. Case Number 078A 3. Vehicle Number 01 4. Occupant Number 01 OCCUPANT'S CHARACTERISTICS 5. Age 16 6. Sex 2 7. Height 67 8. Weight 140 9. Role 1 10. Seat Position 11 11. Posture 0 EJECTION/ENTRAPMENT 12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0 15. Medium Status 0 16. Entrapment 0 RESTRAINT SYSTEM AND SEAT EVALUATION 17. Belt System Availability 3 18. Belt System Use 19. Proper Use of Belt 0 20. Belt Failure Modes During Impact 21. Air Bag Availability 0 22. Air Bag Deployment 23. Did Air Bag Fail? 0 24. Police Reported Restraint Use 00 Ō 0 7 25. Head Restraint Type/Damage by Occupant at this Position 3 02 27. Seat Performance 26. Seat Type 5 CHILD SAFETY SEAT 28. Child/Safety Seat Make/Model 000 29. Type of Child Safety Seat 0 30. Orientation 00 31. Harness 00 ÖÖ 32. Shield 33. Tether 00 INJURY CONSEQUENCES 34. Severity (Police Rating) 4 35. Treatment - Mortality 36. Type of Med. Facility (Initial) 0 37. Hospital Stay 38. Working Days Lost 62 39. Time to Death 1 OO. 01 MEDICALLY REPORTED CAUSE OF DEATH 40. Cause #1 99 41. Cause #2 00 42. Cause #3 00 43. Number of Recorded Injuries 01 44. Automatic (Passive) Belt System Availability/Function 45. Automatic (Passive) Belt System Use 46. Automatic (Passive) Belt System Type 47. Proper Use of Automatic (Passive) Belt System 1 48. Automatic (Passive) Belt System Failure Mode 1 49. Seat Orientation (this Occupant Position) 1 50. Glasgow Coma Scale (GCS) Score 0151. Was the Occupant Given Blood? 1

01

52. Arterial Blood Gases (ABG) - HCO3

1992 OCCUPANT INJURY FORM

PSU NUMBER 79 1.

CASE NUMBER 078A 2.

VEHICLE NUMBER 01 з.

4. OCCUPANT NUMBER 01

INJURY DATA

01. 9

01.	. 9	N	P	F	S	2	41	1	1	00
	JRCE INJURY FA		ASPECT			A.I.S. SEVERITY			INDIR.	OCC. AREA INTR. NO.

1992 GENERAL VEHICLE FORM

 PSU Number Case Number Vehicle Number 	79 078A 02			
VEHICLE IDENTIFICA 4. Model Year 6. Model 8. VIN	ATION 89 002 9999999999999999	99	5. Make 20 7. Body Type 04	
OFFICIAL RECORDS 9. Police Reporto 11. Police Rep. A	•	1	10. Police Reported Travel Speed 42 12. Alcohol Test Result for Driver 96	
ACCIDENT RELATED 13. Speed Limit 15. Accident Type		35 83	14. Attempted Avoid. Manuever 03	3
OCCUPANT RELATED 16. Driver Present 18. No. Occupant		1 02	17. No. Occupants This Vehicle 02	
VEHICLE WEIGHT IT 19. Vehicle Curb		037	20. Vehicle Cargo Weight 99	
RECONSTRUCTION DA 21. Towed Trailin 23. Post Col. Con	g Unit	0	22. Trajectory Data Documented 1 24. Rollover 0	
OVERRIDE/UNDERRID				
HEADING ANGLE AT 27. Heading Angle 29. Basis for Tot	This Vehicle		ELTA V 28. Heading Angle Other Vehicle 340	

COMPL	JTER GENERATED DELTA V	
	Total Delta V	99
	ongitudinal Component of Delta V	99
	_ateral Component of Delta V	99
		9999
		0
		0
i	Type of venicle inspection	
36. I	Is this an AOPS vehicle?	0
34. C 35. T	Energy Absorption Confidence in Reconstruction Program Results Type of Vehicle Inspection Is this an AOPS vehicle?	0

37.	Police Reported Other Drug Presence	0
	Police Observation/Perception Test Type for Driver	0
	Other Drug Specimen Test Type for Driver	0

DRUG EVALUATION CLASSIFICATION/OTHER TEST RESULTS FOR DRIVER

	DEC Observation/ Perception	Specimen Test
	Test Results	Results
Narcotic Drug	40. 0	41. 0
Depressant Drug	42. 0	43. 0
Stimulant Drug	44. 0	45. 0
Hallucinogen Drug	46. 0	47. 0
Cannabinoid Drug	48. 0	49. 0
Phencyclidine(PCP)	50. 0	51. 0
Inhalant Drug	52. 0	53. 0
Other Drug	54. 0	55. O

OTHER DATA 56. Driver's Zip Code 58. Vehicle Special Use (This Trip)	5	⁾ 57.	Driver's Race/Ethnic Origin	9
ROLLOVER DATA				
59. Rollover Initiation Type	0	60.	Location of Rollover Initiation	O
61. Rollover Initiation	00	62.	Location on Vehicle Where Initial	O
Object Contacted			Principal Tripping Force Applied	
63. Direction of Initial Roll	0			
PRECRASH DATA				,
- C. d Character Management - Charles - Land	(1) 1	2 G	Tmitim1 Cwitiam1 (Dwmawmah) Examt	t. /

64. Pre-Event Movement (Prior to 01 65. Initial Critical (Precrash) Event 67 Recognition of Critical Event)

66. Precrash Stability After 2 67. Precrash Directional Consequences 1
Avoidance Maneuver Corrective Action

******************************* 1992 OCCUPANT ASSESSMENT FORM

1.	PSU Number	79
2.	Case Number	078A
3	Vehicle Number	02

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Age 29 6. Sex 1 7. Height 76 8. Weight 200 9. Role 1 10. Seat Position 11 11. Posture 9

EJECTION/ENTRAPMENT

12. Ejection 0 13. Ejection Area 0 14. Ejection Medium 0 15. Medium Status 0 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION

17.	Belt System Availability	4	18.	Belt System Use	99
19.	Proper Use of Belt	9	20.	Belt Failure Modes During Impact	9
21.	Air Bag Availability	0	22.	Air Bag Deployment	0
23.	Did Air Bag Fail?	0	24.	Police Reported Restraint Use	4
25.	Head Restraint Type/Damage by	Occup	ant	at this Position	9
26.	Seat Type	99	27.	Seat Performance	9

CHILD SAFETY SEAT	
28. Child/Safety Seat Make/Mode	1 000
29. Type of Child Safety Seat	O
30. Orientation	00
31. Harness	00
32. Shield	00
33. Tether	00

INJURY CONSEQUENCES 34. Severity (Police Rating) 1 35. Treatment - Mortality 36. Type of Med. Facility (Initial) 2 37. Hospital Stay 38. Working Days Lost 99 39. Time to Death	4 00 00
MEDICALLY REPORTED CAUSE OF DEATH 40. Cause #1 00	#3 00
THE THE THE THE TENT OF THE TE	
44. Automatic (Passive) Belt System Availability/Function 0 45. Automatic (Passive) Belt System Use 0	
46. Automatic (Passive) Belt System Type 0 47. Proper Use of Automatic (Passive) Belt System 0 48. Automatic (Passive) Belt System Failure Mode 0	
49. Seat Orientation (this Occupant Position) 9 50. Glasgow Coma Scale (GCS) Score 02	
51. Was the Occupant Given Blood? 1 52. Arterial Blood Gases (ABG) - HCO3 01	

1992 OCCUPANT INJURY FORM

- 1. PSU NUMBER 79
- 2. CASE NUMBER 078A
- 3. VEHICLE NUMBER 02
- 4. OCCUPANT NUMBER 01

INJURY DATA

THOOK! DH	117						INJURY		
SOURCE							SOURCE	DIR./	
OF INJURY	BODY			SYSTEM	A.I.S.	INJURY	CONFID.	INDIR.	OCC. AREA
DATA	REGION	ASPECT	LESION	ORGAN	SEVERITY	SOURCE	LEVEL	INJURY	INTR. NO.
01. 3	Ν	P	T	M	1	97	9	7	99
02. 3	W	R	S	J	1	97	Э	7	99

1. PSU Number 2. Case Number 078A 3. Vehicle Number 02 4. Occupant Number 02 OCCUPANT'S CHARACTERISTICS 7. Height 99 8. Weight 999 9. Role 2 5. Age 24 6. Sex 1 10. Seat Position 13 11. Posture 9

1992 OCCUPANT ASSESSMENT FORM

EJECTION/ENTRAPMENT

79

14. Ejection Medium O 13. Ejection Area O 12. Ejection 0 15. Medium Status O 16. Entrapment 0

RESTRAINT SYSTEM AND SEAT EVALUATION 18. Belt System Use 99 17. Belt System Availability 4 9 20. Belt Failure Modes During Impact 9 19. Proper Use of Belt 22. Air Bag Deployment 21. Air Bag Availability 0 23. Did Air Bag Fail? 24. Police Reported Restraint Use O 4 25. Head Restraint Type/Damage by Occupant at this Position 9 26. Seat Type 99 27. Seat Performance 9

1 000
O
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INJURY CONSEQUENCES 34. Severity (Police Rating) 1 35. Treatment - Mor 36. Type of Med. Facility (Initial) 2 37. Hospital Stay 38. Working Days Lost 99 39. Time to Death	tality	4 00 00
MEDICALLY REPORTED CAUSE OF DEATH 40. Cause #1 00	42. Cause #3	00
44. Automatic (Passive) Belt System Availability/Function	0	
45. Automatic (Passive) Belt System Use	0	
46. Automatic (Passive) Belt System Type	0	
47. Proper Use of Automatic (Passive) Belt System	0	
48. Automatic (Passive) Belt System Failure Mode	\circ	
49. Seat Orientation (this Occupant Position)	Э	
50. Glasgow Coma Scale (GCS) Score	02	
51. Was the Occupant Given Blood?	1	
52. Arterial Blood Gases (ABG) - HCO3	01	

1992 OCCUPANT INJURY FORM

- 1. PSU NUMBER 79
- 2. CASE NUMBER 078A
- 3. VEHICLE NUMBER 02
- 4. OCCUPANT NUMBER 02

INJURY DATA

SOUP OF : DATA	INJURY		ASPECT	LESION		A.I.S. SEVERITY		INJURY SOURCE CONFID. LEVEL	DIR./ INDIR. INJURY	OCC. AREA INTR. NO.
oi.	3	N	P	т	М	1	97	9	7	99
02.	3	В	I	Т	M	1	97	Э	7	99
03.	3	W	L	Α	I	1	97	9	7	99

EH0012

EH0011 2 If TREATMENT 0A35 equals 1, then 1st DEFORMATION EXTENT EV11 should be greater than 03.

VEH NUM = 01

OCCUPANT NUM = 01

1992 NATIONAL ACCIDENT SAMPLING SYSTEM

ERROR SUMMARY SCREEN



CURRENT VERSION: 5.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Υ
General Vehicle	Ō	Ô	Ö	Υ
Vehicle Exterior	0	O	0	Υ
Vehicle Interior	0	0	o	Υ
Occupant Assessment	0	0	О	Υ
Occupant Injury	0	0	0	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	1	



005710000008696 79078A00010012**4 33**925.031000000000102L0205F 5.03 000000000923504204JN1FU21P2NT 19909635018210101028 79078A01000021 00010000340092699 99 999999021 5.03 000000000010001010000010000 79078A01000022 79078A01000031 5.03 000000000010210LZEW03 0110040001 5.03 000000001191910000000060686000000000020202020020101 79078A01000041 5.03 000000000 79078A01000042 000001080 5.03 0000000016267140111000000300000073025000000000004100 79078A01010051 062019900001311211101101 5.03 0000000001HPLB4412200 79078A01010161 5.03 0000000001HPUB4412200 79078A01010261 5.03 0000000001MRCL2412200 79078A01010361 5.03 0000000001CRCP3412200 79078A01010461 5.03 0000000001NPZV3412200 79078A01010561 5.03 0000000001QRAI1979700 79078A01010661 5.03 0000000001ARAI1979700 79078A01010761 5.03 0000000001CRCI1411100 79078A01010861 79078A01010961 5.03 0000000001PLCI1202100 5.03 0000000001NRAI1411100 79078A01011061 5.03 0000000001NLAI2411100 79078A01011161 5.03 0000000001FICI1979700 79078A01011261 5.03 0000000001FWCI1979700 79078A01011361 5.03 00000000089200020499999999999999914209635038310202037 79078A02000021 99010000092340699 99 999999000 79078A02000022 5.03 00000000291762001119000004999900049999000000000001420 79078A02010051 099000000000200000902101 5.03 0000000003NPTM1979799 79078A02010161 5.03 0000000003WRSJ1979799 79078A02010261 79078A02020051 5.03 000000002419999921390000049999000499990000000000001420 099000000000300000902101 5.03 0000000003NPTM1979799 79078A02020161 5.03 0000000003BITM1979799 · 79078A02020261 79078A02020361 5.03 0000000003WLAI1979799 00006000000001

INTRA ERRORS

TT0541 TT0542 TT0543 TT0544 TT0545	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ***** FOR AN AIS-2 (OR GREATER) INJURY. ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S. SEVERITY OI10(n) is greater than 1.	*****
TT0541 TT0542 TT0543 TT0544 TT0545	2	****** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ***** FOR AN AIS-2 (OR GREATER) INJURY. ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA INJURY SOURCE DI11(n) equals 41, 42, 43 or 45 and A.I.S. SEVERITY DI10(n) is greater than 1.	*****
TT0541 TT0542	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ****** FOR AN AIS-2 (OR GREATER) INJURY.	*****

TT0544 TT0545		INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S. SEVERITY OI10(n) is greater than 1.	
TT0541 TT0542 TT0543	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ***** FOR AN AIS-2 (OR GREATER) INJURY. ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	***** *****
TT0544 TT0545		INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S. SEVERITY OI10(n) is greater than 1.	
TT0541 TT0542 TT0543	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE ****** FOR AN AIS-2 (OR GREATER) INJURY. ****** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****

TTO543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA ******

TT0541	2	****	THIS CASE	SHOWS A	RESTRAINT	AS THE	INJURY	SOURCE	*****
TT0542		*****	FO	R AN AIS	-2 (OR GREA	ATER) IM	JURÝ.		****
TT0543		*****	CHECK FOR	ACCURATE	AND COMPLE	ETED DOO	CUMENTS	& DATA	*****
						g pres.		A 70 /25	

TTO544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S. TTO545 SEVERITY OI10(n) is greater than 1.

TT0544 INJURY SOURCE OI11(n) equals 41, 42, 43 or 45 and A.I.S. TT0545 SEVERITY OI10(n) is greater than 1.

INTER ERRORS

EHOO11 2 If TREATMENT OA35 equals 1, then 1st DEFORMATION EXTENT EV11 EHOO12 should be greater than 03. GV=01 OA=01

ERROR SUMMARY SCREEN

PSU79 CASE 078A CURRENT VERSION: 5.03



FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	்	0	<u> </u>	Y
General Vehicle	Ö	Ö	Ō	Ý
Vehicle Exterior	o i	\circ	0	Υ
Vehicle Interior	O	0	0	Υ
Occupant Assesment	0	0	0	Y
Occupant Interior	0	0	6	Y
Total Inter Errors		0		
Total Case Errors	0	ं	7	

National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 7 9 Case Number Stratum 0 7 8 A				
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter	
1-4	/	NORTH	VI DIRECTION OF TRAVEL TO POI	
5	1	N/EAST	@ IMPACT SKIDS OF VI	
6	1	S/EAST	FRP VI	
7	1	SOUTH	OPPOSITE VIEW OF DIRECTION OF VI	
8-13	2	EAST	LANE DIRECTION & SKIDS OF V2 #13-FRPVA	
14	2 -	WEST	OPPOSITE VIEW LANE/DIRECTION OF V2	
15-27		_	EXTERIOR VI	
28	1		BACK WINDOW VI GONE	
29-31	1	-	LF DOOR VI	
32-3 3	1		LR DOOR VI	
34)	-	LF FENDER UI	
35-44			INTERIOR VI	
45-46)	-	INTERIOR VI LF SEAT RESTRAINT * NOTE SKIN TRANSF	
47-49			LF SEAT VI	

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
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vailable



PSU 79-078A (1992) #2









78A (1992) #2 Available



78A (1992) #2







A (1992) #30











BA (1992)#3







Best Available





78A (1992) d

















